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THE PROFESSION OF MEDICINE

A COLLECTION OF LETTERS
FROM GRADUATES OF THE
HARVARD MEDICAL SCHOOL

EDITED BY

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PREFACE

THE Appointments Bureau was established at the Harvard Medical School, December, 1912, by the coöperation of the Medical School and the Harvard Medical Alumni Association. The director soon found that medical students and recent graduates asked many important questions concerning preparation and the practice of medicine. Recognizing his inability to answer intelligently and authoritatively these questions, the director decided to make a study in the hope of obtaining data which would help to guide the prospective practitioner, and this pamphlet contains the results of such a study. These results, it is believed, may be of considerable interest, not only to the young medical man, but to those already established, and particularly to those interested in the education and preparation of medical students for their several callings in medicine.

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THE PROFESSION OF MEDICINE

PREPARATION, TRAINING, AND PRACTICE

FROM A STUDY OF THE DOINGS AND OPINIONS OF TEN
CLASSES OF THE HARVARD MEDICAL SCHOOL, 1901-1910

INTRODUCTION

IN making this inquiry it was decided to send a circular letter to the members of ten classes, approximately nine hundred men. These physicians had been out of the Medical School from three to thirteen years. Some therefore, were just beginning to practice after hospital work, while others were well established. Owing to the rapid changes in the school curriculum, and in the methods used in the practice of medicine throughout the community, the older classes were not brought into this inquiry, although it was recognized that many valuable facts might have been obtained from the older men.

A copy of the circular letter follows:

DEAR DOCTOR:—

This circular letter is being sent out to all graduates of the Harvard Medical School in the classes 1901 to 1910. The object is to gather such information as may be of help to medical students.

You graduates know the present needs of the community; you know best how to prepare to meet them. We believe you will be glad of the opportunity to give that knowledge to guide the younger men.

A few set questions are asked, but space is left for individual comment; perhaps the most valuable part. No name is desired so that there may be no hesitation in frankly answering the questions. The location, such as " Boston " or " City of 10,000 inhabitants in Massachusetts " or " Town of 5,000 in California," is, however, desirable to make the information more valuable.

As such inquiries depend for their value largely on the *proportion of answers received* and not upon the degree of professional success of those answering, and, as we believe this value may be very great in "helping the other fellow" to make a wise decision in his life's work, you are urged to help out even though it may mean considerable effort of memory and a little time to answer the questions. Those especially earnest men who add individual comment, advice, or suggestions, will lay the future student under a double debt of gratitude.

Very truly yours,

Director.

It will be noted that no name or identifying address was asked. This had the disadvantage of leaving the individual and his location unknown. Hence no follow-up letter could be sent.

A sample of the blank sent to each man is shown on the opposite page.

- I. Location:
 - (a) City ?.....
 - (b) State ?..... Town ?.....(Approximate Population)
- II. Year of Graduation from the Harvard Medical School ?.....
- III. How much hospital work did you take after graduation ?.....
.....
- IV. Do you do general practice ?.....
or, What specialty ?
or, Laboratory ?
or, Teaching ?
or, Public Health ?
or, Special work ?
- V. How much money (approximately) did you make from medical work each successive year since leaving the School ?
1901....., 1902....., 1903....., 1904.....,
1905....., 1906....., 1907....., 1908.....,
1909....., 1910....., 1911....., 1912.....,
1913.....,
- VI. What per cent (approximately) of your work is now paid in full ?.....In part ?.....Not at all ?.....
- VII. Is there a need in your community for general practitioners ?
.....Specialists ?.....Surgeons ?
Eye, Ear, Nose and Throat ?.....Public Health
Officers ?.....
- VIII. In pre-medical preparation do you favor a predomination of
 1. General culture, such as History, Philosophy,
Economics, Literature, and Art ?.....
 2. or, Natural Science, as Physics, Chemistry, and
Biology ?.....
- IX. What do you consider was lacking (if anything) in your School course to fit for your particular work ?.....
.....
- X. Has the practice of medicine proved satisfactory to you ?
If not, what is unsatisfactory ?.....
.....
- XI. Individual Comment:
.....
.....
.....

Over one-third of the men answered, a proportion which is about the usual from such inquiries. The advantage of no identifying information proved very great, for the men who did reply felt free to speak frankly what they thought. These frank expressions form the most interesting and valuable part of this report. The form of the report, it was felt, should reflect as far as possible the thoughts and language of each writer. To accomplish this the history and environment of each man is given briefly, for example:

"H. M. S. '04. 2 years hospital. General practice in a city of 225,000 in New York. Income, 1913: \$2,600. Favors: the sciences. Lack (in school work): "more of the little things." Practice: satisfactory.

The comments which follow such a short biography are better understood when the reader knows the man's point of view. The editor hopes this novel scheme will give a more accurate picture and will enable the reader to draw his own conclusions from each "case."

It was very difficult to edit this large number of remarks as many men cover a large field of medicine in their comments. Each opinion was, therefore, classified according to the predominance of one of the subjects discussed. But remarks on other subjects were frequently of value or significance and were, for this reason, not often omitted.

It seemed wise to limit this report to a reasonable length, so some remarks of lesser interest were omitted, and many were grouped and summarized to give due proportion to the general opinion.

Owing to some vagueness in answering many of the questions the statistical tables must not be considered accurate. They do, however, reflect in a broad general

way the doings and opinions of these three hundred odd physicians who have answered.

To prevent misunderstanding of conditions at Harvard Medical School today it should be constantly borne in mind that criticisms of the way things were or were not taught in the day of these graduates may be far from fair criticisms of the School today. The School is constantly changing and these changes are not always followed by the graduates. The Department of Pharmacology, for instance, has had a new head for some time. New departments have been added. In short, to get an accurate idea of the School today, one would have to investigate each department.

This present investigation aims only to reflect conditions in practice today, and as far as possible to glean hints of how best to prepare for, and what to expect to get from and give to this great profession.

THE PRACTICE OF MEDICINE

MEDICINE AS A CAREER

A feeling of great satisfaction and love for the career of medicine is expressed by many men in the profession, both because of the amount of good they are enabled to do in the world, and because of the gripping interest of the work itself. Very few regret their choice of life-work, although there are many complaints against the overcrowded condition of the profession, the competition with "quacks," and the small monetary reward to be gained from its pursuit. On the whole, the comments are typified by the remark of one man to the effect that the career of medicine "is a good game."

To the question, "Has the practice of medicine proved satisfactory to you?" 226 answered "Yes," 16 answered "No," and 18 others answered with a qualified "No"; 2 never practiced, and 10 did not reply. Total 317. A few of the general remarks read as follows:

H. M. S. '02. 2½ years hospital. General practice and special work in Cleveland, Ohio. Income, 1913: \$3,800 (9 months). Favors sciences. Lack: nothing. Practice: very satisfactory.

"My advice is, graduate as early as possible; complete at least two years of internship in a hospital; do special work, if possible, life insurance examinations, medico-sociological work, and dispensary work from three to five years. Do general practice, including surgery, when you start in to practice; after ten years take a post-graduate course and limit your practice."

Plan of
practice

H. M. S. '07. 18 months hospital. General surgery in Boston. Income, 1913: \$5,300. Favors both arts and sciences. Lack: operative surgery. Practice: satisfactory.

"Unless a man has professional backing when he leaves the hospital he will find practice in the city most discouraging.

Getting started I believe my success is due largely to the fact that so far I have done but very little hospital or teaching work, but have attended to getting as much practice as I could. Now that this foundation is laid I am branching into hospital work, and I hope soon to have a teaching position. Circumstances have forced me to play the game this way, as I have had to depend on my practice for my living."

H. M. S. '09. 16 months hospital. General practice and surgery in Boston. Income, 1913: \$1,186. Favors "chiefly arts with elementary courses in the sciences."

Lack: "dietetics, and I wasted time watching operations, which was my own fault. The chief part of my income is derived from my position as assistant to two **Early income** general practitioners for whom I work from four to five hours a day, being paid \$900 a year with the use of an office in town, besides contingent fees for seeing their patients when necessary."

H. M. S. '02. 3 years hospital. General practice in a town of 9,000 in Massachusetts. Income, 1913: \$8,500. Favors sciences.

Lack: "I was not made to learn accurate physical examination." Practice: satisfactory. "I am strongly in favor of

Partnership or associate the association of a good laboratory man with an older established physician. Even in the country this arrangement can be made to pay, and it makes work more accurate and makes an opportunity for freedom and study for both men."

H. M. S. '02. No hospital. General practice and considerable surgery in a town of 2,800 in Massachusetts. Income, 1913: \$4,000. Favors sciences. Practice: satisfactory.

Lack: "Contact with patients outside of the hospital. The career of medicine should not be attempted with the expectation of becoming wealthy, or if one cannot feel himself repaid by the results obtained by treatment. If possible, practice should be begun as the associate of an established man."

H. M. S. '02. 6 months hospital. Bacteriologist for the Government. Salary, 1913: \$1,800.

"I am not engaged in practice because my natural bent is toward laboratory work and research. My brief attempts in the latter part of 1905 and 1906 were not satisfactory because of my temperamental unfitness for practice."

Tempera-
ment

H. M. S. '09. 3 years hospital. General practice in a city of 40,000 in Massachusetts. Income, 1913: \$1,600. Favors arts.

Lack: "training in orthopedics. My practice has been unsatisfactory in having to wait for practice when one is young and best able to work. My advice is, get further training in specialties during the time of hospital work."

H. M. S. '01. No hospital. General practice in a town of 3,000 in Massachusetts. Income, 1913: \$4,000. Favors arts.

Lack: "better knowledge of materia medica and therapeutics." Practice: satisfactory. "Take a hospital service; lay more stress on medicine than on surgery; there are too many would-be surgeons."

H. M. S. '07. 5 years hospital. Ear, nose, and throat in Boston. Income, 1913: \$1,000. Favors sciences. Lack: nothing.

Practice: satisfactory "after the seven extra years of training and discouragement. This is a poor business, but a pleasant occupation if you can find the work. The profession needs improvement in the quality of trained and honest men, but it needs no more in numbers."

Over-
crowding

Some of the men who have taken up the career of *Public Health Service* say:

H. M. S. '10. No hospital. U. S. Public Health Service. Salary, 1913: \$2,880. Favors arts. Lack: nothing, "the course seemed almost perfect." Practice: satisfactory.

"The United States Public Health Service is in need of men of the sort that Harvard produces. There are always vacancies for men of ability and refinement. Every opportunity is afforded the individual to progress as fast and as far as his natural ability will permit. I earnestly ask that the service be presented to every desirable student for careful consideration."

H. M. S. '02. 3 years hospital. Pediatrics in New York City. Income, 1912: \$2,400. Favors arts. Lack: individual teaching.

Practice: "not wholly satisfactory because of unfair competition. I heartily commend special training for those who intend to enter the field of public health medicine, the field which offers the best opportunity for faithful work."

H. M. S. '04. 1 year hospital. U. S. Public Health Service. Income and salary, \$2,220. Favors sciences. Practice: satisfactory.

"I advise no young man to go into the United States Public Health Service or into any government position. The salaries are very low, much lower in the profession than in the trades. The salaries, too, are fixed, and no matter how competent one is he well knows that the salary is not to be increased.

"Of the three Government services I think that the Public Health Service should be entered only by those men who intend to stay in it. The work is more diverse, and there is less of ordinary medicine and surgery, on the average, than in the other two services. Promotion is at present somewhat more certain than it has been, and there is the advantage of one's immediate commander being a medical man."

H. M. S. '06. 18 months hospital. Director of Hygienic Laboratory. Salary, 1913: \$3,000. Favors sciences.

"More emphasis should be put upon entomology and zoölogy." Lack: "course in bacteriology somewhat weak, not enough preventive medicine. As Director of the State Hygienic Laboratory my work is satisfactory to me. I prefer work of this sort with a small salary to practice with more money."

The men who have entered the field of institutional work say in part:

H. M. S. '08. 20 months hospital. General practice in a city of 40,000 in Massachusetts. Income, 1913: \$2,250. Favors arts. Lack: "work in hospital wards." Practice: satisfactory.

"I feel that the medical schools could do something toward preparing men for *hospital administrative work* just as they are doing for public health work. The field is large, and for the capable man, lucrative."

H. M. S. '10. 18 months hospital. General practice in a city of 160,000 in Massachusetts. Income, 1913: \$3,978. Favors arts. Practice: satisfactory.

"My success has depended largely upon acquiring considerable accident work and insurance examinations. The only dissatisfaction I find arises from the intermediate position of practical medicine between a profession and a business. Specialization and *commercialization*, as well as public charities, are transforming medicine from a profession into a business."

H. M. S. '02. In hospital since graduation. "I lecture to nurses and assist visiting surgeons at a hospital." General practice in city in Massachusetts. Income, 1913: \$2,300. Favors sciences.

Lack: "A personal adviser." Practice generally satisfactory "except for so much work and responsibility and so little pay. I should advise a son of mine to prepare for 'State' work where a known salary might be gotten."

Commer-
cialism

One *insurance* man sets forth his case as follows:

H. M. S. '06. No hospital. General practice in large city in Massachusetts. Income, 1913, \$1,000. Favors sciences. Lack: clinical work.

"I advise less physiology and technique in laboratory (course changed now. — *Ed.*). I would suggest the repeal of the Industrial Accident Board Act, because the so-called big men control the insurance and thus degrade and decrease the reputation of the younger practitioner in the esteem of the working class. The younger men are despised by insurance companies and by the community."

A *Naval* man says:

H. M. S. '03. 2 years hospital. General practice and surgery in U. S. Navy. Naval salary. Favors sciences. Practice: satisfactory.

"The service offers many attractive features, such as a fairly good living, travel, and very pleasant associations. But at present promotion is slow, depending, as it does, on seniority, and there does not seem to be any immediate prospect of remedial legislation. On the whole, my ten years in the Naval Service have proven both valuable from the standpoint of experience, and pleasant from the standpoint of travel and friendly association, but if I had my career to begin over again I should consider very long and seriously before taking the same step."

A man who entered the *U. S. Army* says:

H. M. S. '06. No hospital. Medical officer in U. S. Army. Salary, 1913: \$2,790.

Favors "a judicious mixture of arts and sciences." Lack: "a proper valuation of the work done in other communities. There is too little known of the opportunities and work to be done in the Medical Corps of the United States Army."

THE STRENUOUS LIFE

To be engaged in general practice may mean worry, trials, and inconveniences. The financial rewards are small as compared with the strenuousness of the life, but the feeling of satisfaction is often great.

H. M. S. '01. 2 years as interne and 2 years salaried in hospital. General practice in a city of 15,000 in Massachusetts. Income, 1913: \$4,500. Favors arts.

Lack: "The art of the practice of medicine. On the whole my practice has been satisfactory. I often become tired of the confinement and lack of opportunity to devote specific time to art, music, literature, etc. Irregular hours for meals and sleep are trying. I would advise no man to go into practice for the money that is in it. He should have the *spirit of service* uppermost in his mind if he is to get real enjoyment out of his work."

H. M. S. '07. 2 years hospital. General practice in a town of 10,000 in Massachusetts. Income, 1913: \$1,800. Favors arts.

Lack: "too much theory and too little actual contact with patients. Practice: fairly satisfactory. The unsatisfactory part of this life is slow payments, night work, the unreasonableness of patients in wanting you at a minute's notice day or night.

"I should strongly advise a man against the study of medicine unless he has some income or some one to whom he could look for help during the first few years of his practice. I figured that I would not pay expenses for at least three years, having no one who would send or turn over cases to me, and I found I was right.

"To my mind, a man just starting out should decide where he wants to live, go there and stick; if he is any good he will be successful anywhere. A man must not expect to make much more than a *decent living* in the practice of general medicine."

H. M. S. '07. 16 months hospital (surgical). General practice in small city in Massachusetts. Income, 1913: \$10,000. Favors arts.

Lack: "a good working knowledge of human nature." Practice: not entirely satisfactory. "Some means or method should be found of obtaining time for relaxation, rest, and study. Night work in general practice, particularly in the winter, is very exhausting and disagreeable. *Success* is bought at a very high *price*, nothing less than constant and unremitting attention to business being required.

"The idea of *groups of physicians* as suggested by Dr. Cabot appeals to me very strongly, and I believe that will be the ultimate solution and the means of making suburban practice desirable."

H. M. S. '01. 5½ years hospital. General practice in a town of 1,000 in New York. Favors arts and sciences.

Lack: "too large sections in medical school and too little individual instruction." Practice: fairly satisfactory. In-
 Professional trials come, 1913: \$4,500. "To practice medicine successfully a man must have a good education, general and medical, and means so that he can afford to sit down and wait and keep up appearances. He must be willing to go without a family until his practice is established on a solid foundation."

H. M. S. '02. 1½ years hospital. General practice in a town of 9,000 in Massachusetts. Income, 1913: \$5,000. Favors sciences.

Lack: "training in little things." Practice: satisfactory, except that "it is a dog's life and very confining. Competition cheapens the physician in the eyes of the public. People call you at any hour of the day or night regardless of the nature of the case, and if you don't go some one else will."

H. M. S. '02. 6 months hospital. General practice in Boston. Income, 1913: \$4,000. Favors sciences.

Lack: "surgical training and major work. My practice has been made unsatisfactory because of the lack of surgical

training in medical school. The increase in expense in order to accomplish the work I have to do makes my income inadequate. I am unable to save for a rainy day.

“It is physically hard to be on duty every day in the year, day and night. It is also hard to be blamed undeservingly by people.”

H. M. S. '02. 18 months hospital. General practice in Boston. Income, 1913: \$3,700. Favors sciences. Lack: elementary sciences.

Practice: “satisfactory, except for the lack of freedom to control one's own time, and the unreasonableness of many patients in sending hurry calls when there is no real need for hurry.”

H. M. S. '09. No hospital training except active connection with a small private hospital. General practice in Blue Earth, Minn. Income, 1913: \$3,500. Favors arts.

Lack: “more personal responsibility in the care of dispensary patients.” Practice: satisfactory. “The fact that

**Practice
confining** a man never has a moment he can call his own, that he cannot leave business for any purpose without having that business stop while he is away naturally influences a man to tie himself down closely. This hinders him from doing post-graduate work, visiting hospital centers, etc. The inevitable result is that a country practitioner, such as I am, becomes narrow in spite of himself although he may read and study. No systematic study can be undertaken because so much time is spent ‘on the road.’

“Another unfair situation is the difference in fees of a country practitioner and a practitioner in the city. It is from this difference that fee-splitting has sprung, and it is because of this that it will continue.

“It is my observation that it requires more hard work and ability to become a successful physician than to become successful in any other line of work. A business man, banker, or lawyer can build up an institution which can be carried

along by others when he is no longer able to do the hard work incident to his early life, and he can still reap the rewards of his early efforts. A physician can by hard work build up a business which continues as such only so long as he can assume every detail. When he lets down there are no fruits of former struggle to come to him. He cannot pass over the details to another. He builds up a business which stops and decreases when he lets up ever so little. For this reason, in brief, I advise every young man against medicine as a business."

H. M. S. '03. 1 year hospital. G.-U. and teaching in Boston. Income, 1913: \$6,200. Favors sciences. Practice: not satisfactory.

"The great responsibility and worry which is inseparably connected with medicine makes this profession unsatisfactory. The physician does not receive sufficient compensation as compared with other professions. I have no time that I can call my own, and I see my family very little. The income is uncertain and it stops when I cannot work, whereas in other lines of endeavor a colleague or partner can carry on the business."

Uncertainty
of practice

H. M. S. '04. 1 year hospital. General practice in town in Massachusetts. Income, 1913: \$6,700. Favors sciences. Practice: fairly satisfactory.

"I am unable to do the best work because I have to make a living. One becomes stale working for money. There should be some way whereby general practitioners could take one year in every five or ten for study without great monetary loss, viz.: a coöperative plan or some form of insurance among physicians."

H. M. S. '02. 5 years out-patient service. General practice in a city of 25,000. Income, 1913: \$4,000. Favors sciences. Practice: satisfactory.

"I believe that were I as successful in any other line of endeavor as in medicine my recompense would be much greater and my life more satisfactory. At present my day

is twenty-four hours long and I see my family only occasionally."

H. M. S. '01. 28 months hospital. General practice in city in New Hampshire. Income, 1913: \$6,911.41. Favors sciences.

Lack: "a marked neglect of general therapeutic measures (many changes since 1901. — *Ed.*). Harvard excels in diagnosis. Practice: exceedingly satisfactory, except in the close attention to work it requires (24 hours out of 24, 7 days a week, and 12 months each year in order to make good)."

H. M. S. '08. 1½ years hospital. General practice in a city of 16,000 in Massachusetts. Income, 1913: \$5,000. Favors sciences.

Lack: "I regret not having had more chemistry and German in college." Practice: satisfactory. "I dislike 'a little of everything,' and I desire to know more about one subject and work along that particular line. I had the privilege of starting in work with my father, and I have been able to do more in the five years since medical school than I could have done in general work had I started out alone. He has been a great help to me in many ways, and I am sure such fortune is to be appreciated.

"I should advise a graduating man to put all the time that he can into hospital work and not hurry through it unless he has absolutely got to get into practice. Then choose well his field, not only from a professional point of view, but also in regard to desirability as a place of residence. Dr. George Gay's words, 'Choose a place that you like to live in' have been impressed upon me again and again.

"A man who undertakes general work is not apt in the beginning to realize the demands that will devolve upon him. The mind of the general practitioner must be a great clearing house for the diagnosis of disease in every specialty; he must be prepared for all sorts of trips in all sorts of weathers to all sorts of places; he must suffer every kind of interruption in his work, disappointment in his social engagements, irregular

meals, and the loss of much sleep, together with the care and anxiety over sick patients and their relatives. The financial returns are small, but it can be said in rebuttal that there are many sources of satisfaction in a busy practitioner's life."

RELATIONS OF THE MEDICAL PROFESSION WITH THE PUBLIC

Another phase of this question of general practice is the relation between the doctor and the patient. The unreasonableness, ignorance, and carelessness met in many patients require a large measure of humanity and philosophy to make a doctor's life enjoyable. Some comments on this subject follow:

H. M. S. '02. No hospital. General practice in Boston suburb. Income, 1913: \$4,700. Favors arts. Lack: hospital training. Practice: satisfactory.

"Whatever success I have had is due to my earnest work as a student. In view of the fact that I was paying my own expenses in the medical school I tried to get my money's worth. After having launched into practice I would emphasize the need for close application to one's work in the early years, personality, confidence in one's own work, and thoroughness in examinations."

H. M. S. '02. $4\frac{1}{2}$ years hospital. Obstetrics and some general practice in Boston. Income, 1913: \$500. Favors sciences.

Practice: "satisfactory, except there is considerable delay before financial compensation is commensurate with the capital and time invested in the medical education and hospital training. There is a lack of continuity between school and hospital training and the application of this knowledge to the advantage of the community, hence there is a failure to continue the scientific start to a mature result in self-education along chosen medical lines. There is little or

no encouragement to the recent graduate to do research work with little appreciation of such work when done. But, on the other hand, I take great satisfaction in relieving suffering, and even in the little accomplished I have a deep sense of gratitude for the professional opportunity."

H. M. S. '04. 2 years hospital. General practice and X-ray in a city of 90,000 in Massachusetts. Income, 1913: \$1,300. Favors both arts and sciences. Lack: "not enough therapeutics." Practice: satisfactory.

"It is desirable that the low-grade schools be either closed or improved. In this city there are too many graduates of this type of school."

Over-
crowding

H. M. S. '02. 2½ years hospital. Pediatrics and teaching in medical school. Income, 1913: \$4,000. Favors arts. Lack: "personal touch with teachers." Practice: satisfactory.

"Medicine is not a business, but a science. In the best sense, therefore, it should be taught as a philanthropic scientific profession. The touch of the old ward lectures should be given and stress laid on that side."

H. M. S. '04. No hospital. General practice in Boston. Income, 1912: \$1,086.

Practice: unsatisfactory because "there are too many doctors. I venture to say that even now if a man has great magnetism he can get on, but I am very sorry I went into medicine."

H. M. S. '03. 2½ years hospital. General practice in large city in Massachusetts. Income, 1913: \$4,500. Favors sciences. Lack: nothing. Practice: satisfactory.

"There are too many doctors. Only a few are respected as the whole medical profession should be. It is an accepted belief that 'anybody can be a doctor.'"

H. M. S. '05. "A little hospital training." General practice in a city of 106,000 in Massachusetts. Income, 1913: \$3,830. Favors sciences. Lack: "weak in materia medica and therapeutics." Practice: satisfactory.

"I have no great kick coming, but it seems as though there were too many of us here; as though that were the chief drawback. With the same expenditure of time and money I think a man could do better in other lines."

H. M. S. '09. 2 years hospital. Internal medicine in Boston. Income, 1913: \$3,600. Favors arts and sciences, "one-half time on each." Lack: sciences. Practice: satisfactory.

"There are too many doctors practicing who are not properly trained. More good men are needed."

H. M. S. '04. Hospital course of 3 months in dermatology in 1907. General practice in city in Pennsylvania. Income, 1913: \$2,300. Favors both. "Both are desirable, but the sciences are the most important." Lack: "preliminary scientific training."

"The unsatisfactory part of this profession in my mind is the false position of the physician toward the public, owing to the misapprehension on the part of the public of the possibilities and limitations in medicine. This misapprehension too often gives one the feeling of being a charlatan. My gravest error was the omission of post-graduate hospital work. The measure of success in medicine here seems to be largely dependent on the measure of application, almost irrespective of preliminary preparation. Singleness of purpose is the secret of the successful physicians of my acquaintance."

H. M. S. '05. 3 years hospital. Cancer research in Boston. Salary, 1913: \$3,500. Favors the sciences. Practice: satisfactory.

"I think most men who go into practice have had too little actual routine work in a large and busy pathological laboratory and thus fail to see the importance of checking up diagnoses."

H. M. S. '05. 4 years hospital (general). Practice in a city of 100,000 in Massachusetts. Income, 1913: \$6,000. Favors sciences. Lack: sciences. Practice: satisfactory.

"My advice for success in this field is: a good training, both medical and surgical, including a hospital appointment in

each; a thorough understanding of nervous diseases, including the so-called psychoneuroses; and a personality that is sympathetic and optimistic."

H. M. S. '01. 1½ years hospital. Surgery and teaching in a city of 800,000 in Massachusetts. Income, 1913: \$7,500. Practice: satisfactory. Favors "a broad choice from both the arts and sciences." Lack: "actual handling of patients."

"I also failed to appreciate the need for reading. In general, men are too eager to get into practice. Time spent in clinical or laboratory work is the best possible investment."

H. M. S. '03. 16 months hospital. Lungs — tuberculosis in Boston. Income, 1913: \$7,600. Favors arts. Lack: preparation in languages. Practice: satisfactory.

"Success in this profession means slow, hard work, but it is good fun and a great profession. Competition is fierce and the strain and responsibility are very fatiguing. Finances are the hard thing, especially if one marries (worries)."

H. M. S. '03. 3 years hospital. General practice in a town of 5,000 in Massachusetts. Income, 1913: \$2,500. Favors, "a man should select his own" (preparatory courses in arts or sciences.—*Ed.*). Lack: treatment of minor diseases.

Practice: "not satisfactory, except that it supports me. The practice of medicine is neither a business nor a science. One must be on duty twenty-four hours a day; half our cases are trivial or lacking in interest; our worth is judged by laymen; medical etiquette is a farce because it is so often disregarded. The *expense of a vacation* is:

what you spend + what you don't make + what you lose."

H. M. S. '08. Hospital work practically ever since. Anesthetics and laboratory work in city in Connecticut. Income, 1913: \$1,800. Favors sciences.

Lack: "no fault to find with the school course. Practice unsatisfactory in any field but my own. I think there is room almost anywhere for general practitioners. Medicine

is no more a profession than is horse-shoeing, the difference being that the latter calling is rather more honest. (I nearly wrote 'stealing' instead of 'shoeing,' and if I had my remarks would apply almost as well)."

H. M. S. '10. 2 years hospital, followed by laboratory work at the present time. Pathology in New York City. Income, 1913: \$3,100. Favors "a predomination of the arts with considerable sciences."

"My practice has been fairly satisfactory, except for the necessity for the sacrifice of science, and often the sacrifice of the interests of the patients to the pursuit of the dollar by a growing number of physicians. Possibly this pessimism is caused by my being located in New York City."

H. M. S. '02. 3 years hospital. General practice and agent for the Board of Health. Income, 1913: \$2,300. Favors arts.

Lack: "no education whatsoever on the proper *fees* for the proper work. The equipment required by both doctors and patients for treating people should be put on a simpler basis. Fees should be in accordance with the amount of work done and the results accomplished for the patients."

H. M. S. '10. 1 year hospital. General practice in city in Massachusetts. Income, 1913: \$2,500. Favors arts.

Lack: "no life insurance instruction in my time." Practice: satisfactory. "It was the broadening of my A.B. course, together with the contrast of individual cases, that helped to my success, in my opinion. I favor extensive culture courses that do not necessarily go below the surface, but which give one a touch-and-go that is important in relations with people in general. The self-confidence of knowing how because you have actually done a thing before is also important."

H. M. S. '04. Vienna 2 years. Nose, throat, eye, and ear in a city of 80,000 in Massachusetts. Income, 1913: \$5,300. Favors sciences. Lack: nothing. Practice: very satisfactory.

"I believe that personality makes for fifty per cent of a man's success in medicine. By personality, an indefinite term I grant, I mean tact, disposition, honesty of purpose, and a sympathetic attitude, either real or assumed. To have all these things a man must love his work."

H. M. S. '07. 3 years hospital. Obstetrics and gynecology in city in Massachusetts. Income, 1913: \$2,500.

Lack: "pathology of obstetrics. Practice satisfactory, except for its selfishness. It seems to me that a man's success in medicine, from the viewpoint of productiveness (objective and subjective) must vary in direct ratio to the degree in which the work stimulates or stifles his imagination. It ought to follow, then, that to undertake medicine as a profession a man should have a competency independent of his practice or an inordinate love of his art. I have only the latter."

H. M. S. '05. 1½ years hospital. General practice in a town of 9,000 in Massachusetts. Income, 1913: \$3,800. Favors arts. Lack: therapeutics. Practice: satisfactory.

"It is a good game, and I like the job."

H. M. S. '05. 3 years hospital. Surgery in Boston. Income, 1913: \$6,000. Favors arts. Lack: therapeutics. Practice: satisfactory.

"There should be some way of teaching practical therapeutics so as to show the evils of proprietary products in cases where they are unnecessary. Emphasize the fact that

Frankness

patients are demanding a plain-spoken diagnosis and freedom from all the old mystery of medicine. If a case is thoroughly understood by a physician he can explain it in ordinary terms to the layman of average intelligence who has a right to such an explanation in most cases."

H. M. S. '01. 3 years hospital. Some general practice with G.-U. and gynecology in Boston. Income, 1913: \$5,950. Favors, sciences. Lack: "Practical work with instructors. Practice: satisfactory in a measure."

"Patients will not do as well as they might to help themselves. To me this has been the greatest annoyance. I do a great deal of work for which I make no charge rather than charge up or send the patients to out-patient departments or hospitals. This, I consider, very significant."

H. M. S. '01. 2 years hospital. Surgery in Boston. Income, 1913: \$4,000. Favors arts. Lack: "Harvard Medical School course was satisfactory." Practice: not wholly satisfactory.

"The unsatisfactory features of practice in my experience have been the financial remuneration and certain of the inevitable exactions which are inherent in the profession; also the change in the relations of doctor and patient, which is probably due to specialism, and which has diminished the friendly intimacy between them."

H. M. S. '02. 2½ years hospital. Orthopedic surgery and Roentgenology in a city of 225,000 in Rhode Island. Income, 1913: \$5,800. Favors arts. Lack: nothing.

"My practice is satisfactory, on the whole, except for the ingratitude of people when they have no reason to complain and are merely unreasonable."

H. M. S. '02. 16 months hospital. General practice and general surgery in city in Massachusetts. Income, 1913: \$5,000. Favors sciences.

Lack: "I fail badly in the business side of practice. My practice is satisfactory as a calling, but not as a business.

Success in general practice depends largely on a man's personality and his knowledge of human nature. Many finely-trained men lack the power to enter into sympathetic relations with a patient, and do not inspire confidence. I, therefore, favor a liberal education as better suited to the development of personality and the art of pleasing people. A scientific preparation seems essential, however. I think we should be trained in part as a business house trains its salesmen — to understand the psychology of handling people."

Dissatisfactions

Practical psychology

H. M. S. '02. 1 year hospital. General practice in a city of 100,000 in Massachusetts. Income, 1913: \$2,800. Favors arts. Lack: therapeutics. Practice: unsatisfactory because of income.

"Individual success in medicine is largely a matter of making one's personality count. In other words, of mastering the relation between doctor and patient."

H. M. S. '03. No hospital. General practice in a city of 100,000 in Massachusetts. Favors sciences. Lack: "conferences in small groups of students in distinctly medical subjects." Practice: satisfactory.

"The failure, or the retarded success, of the men whom I could observe that were able to enter and to graduate from a reputable medical school was often due to their inability to meet people professionally and socially without creating a wrong impression. This was probably caused in many cases by diffidence, affectation, or lack of personal confidence."

H. M. S. '03. 2 months hospital. General practice in a city of 150,000 in Massachusetts. Income, 1913: \$4,500. Favors arts. Practice: reasonably satisfactory.

"My practice has been unsatisfactory in the ingratitude of patients and in other petty annoyances, especially the lying tongues of women."

H. M. S. '04. Out-patient experience. General practice in Brookline. Income, 1913: \$8,000. Favors sciences.

Lack: "I do not see how the Harvard Medical School work could be improved." Practice: satisfactory. "No matter what we do we must remember that patients are human and are not machines. Good luck to the work."

The spirit of *comradeship among doctors* evidently differs widely in different communities and sections of the country. The "quacks" and "semi-quacks" in

and out of the profession are an evil influence, to be feared, however, only in localities of ignorance and by those doctors who do not have the best personal equipment. Some of the comments read:

H. M. S. '07. 1½ years hospital. General practice in small city in Massachusetts. Income, 1913: \$2,500. Favors, "arts for general practice."

Lack: "had to work vacations instead of taking hospital appointments." Practice: satisfactory. "I find, as a rule, that the medical profession is comprised of a group of hard-working, honest men who are as charitable, if not more so, than men in other professions. The man who is out after money alone is a failure here, no matter how much he makes. Thorough, faithful, courteous work always wins out."

H. M. S. '04. 1½ years hospital. Ophthalmology in Boston. Income, 1913: \$12,000. Favors both arts and sciences. Lack: "good teaching in therapeutics and materia medica (in 1904)." Practice: satisfactory.

"I should suggest muzzling some of the leading physicians who do wholesale advertising and who stir up trouble between the physicians and the laity by their intemperate talk of fees, etc."

H. M. S. '03. 3 months hospital. General practice in a town of 10,000 in Connecticut. Income, 1913: \$1,800. Favors sciences.

Lack: "instruction in use of common drugs in common diseases." Practice: fairly satisfactory. "This profession is unsatisfactory in things common to all professions and in the lack of coöperation among physicians. A medical course should fit a man to treat ordinary cases of illness with a sense of confidence. My training did not do this. One year of hospital work and work in a dispensary should be required. Much of my time was wasted in memorizing facts and listening to lectures."

Need of Dis-
pensary
training

H. M. S. '08. Several months in hospital. General practice in a city in Massachusetts. Income, 1913: \$500. Favors both arts and sciences. Lack: nothing. Practice: not satisfactory.

"I greatly miss the training of the hospital which I might have had had it not been for the contemptible actions of a few men who had the power in their hands. If a young man should ask my advice in regard to the best college I should tell him that if he wanted to earn a living he had best go to some other school than Harvard, because the help expected after graduation is not forthcoming."

H. M. S. '10. 1 year and 8 months in hospital. General practice in a town of 5,000 in Massachusetts. Income, 1913: \$1,500. Favors arts.

Lack: "my hospital work made up the lack in the school. Practice: partially satisfactory. The unsatisfactory feature of this profession is that one is forced to compete with inferior men and to see them succeed as well, if not better, than yourself, and to realize that knowledge and ability do not conduce to success so much as personality and a pleasant, although perhaps entirely artificial, sick-room manner."

H. M. S. '04. 25 months hospital. General practice in a city of 225,000 in Rhode Island. Income, 1913: \$1,800. Lack: *medical history, psychology*, better training in therapeutics, materia medica, mechanotherapy. Practice: satisfactory.

"In contemplating this profession one tends toward pessimism when one's ideals have been broken through medical-political cliques. It makes no difference how high the standard of the schools is set if the men of the profession lose the sense of true public service and will not fight for the truth. All general hospitals should be under the direct dominance of the whole profession in a community, with service demanded of all the men, so that the lack of a position on the staff is not a barrier to all other men to rise.

Ideals vs.
politics

This should also be true of special hospitals, such as medical, surgical, obstetrical, or children's."

H. M. S. '02. 3 years hospital. Roentgenology and orthopedics in city in Massachusetts. Income, 1913: \$5,000. Favors sciences. Lack: "good understanding of materia medica and skin diseases." Practice: satisfactory.

"At present I find competition with 'quacks' and osteopaths a great menace. The public needs to be enlightened as to how best to secure men of ability and to protect themselves against 'quacks'."

H. M. S. '07. Boston City Hospital (1 year medical). Pediatrics in Washington, D. C. Income, 1913: \$2,580.

Favors "an equal division between arts and sciences, and even the scientific subjects should be attacked in such a way as to provide breadth of view and methods of approaching problems." Lack: "coördination between therapeutics and medicine, prescription writing, and the treatment of minor ailments. Practice: very satisfactory.

"Residence in Chicago, New York City, Porto Rico, and Washington, as well as conferences with physicians in various villages and cities east of the Mississippi, and
 General medical service in America low some statistical study have persuaded me that the people are not well served by their doctors, and that there is room in almost any community for a diligent, well-trained, conscientious general practitioner. The financial rewards are not so great as those of the specialist, but they begin sooner and there is frequently the satisfaction of more real service done."

H. M. S. '09. 20 months hospital. Internal medicine in city in California. Income, 1913: \$2,300. Favors sciences. Lack: "first-hand knowledge of skin, eye, ear, and nerves."

"In 1911-12 I did general practice in a town of 40,000 in connection with university work, and I found several dis-

agreeable features, such as unjust lay judgment, professional relations with some friction, etc."

H. M. S. '01. No hospital. General practice in Boston. Income, 1913: \$2,000.

Practice: "unsatisfactory because the honest, conscientious man is not appreciated by the public as he formerly was. The osteopath, Christian Science healers, and even notorious 'quacks' are employed more and more. Every hospital takes from practice, as do druggists and nursing associations. No young man should attempt practice unless he has a source of income independent of his profession."

H. M. S. '03. 2 years hospital. General practice in a city of 90,000 in Massachusetts. Income, 1913: \$3,600. Favors arts. Practice: satisfactory.

"What we need is fewer doctors and better trained men. I think the public is beginning to realize and appreciate the same careful attention in the home that we give to our hospital patients."

The impression has been gained from this questionnaire: first, that there are too many poorly trained doctors in general practice today. Second, that it is a rare man who succeeds in doing general practice in a large city. Third, it also seems hard to succeed in a specialty outside of the large centers of population.

SPECIALISM

The replies to the fourth question on what kind of practice each man does are a striking comment on the medicine of today and are shown by the table on the next page.

General practice only.....	36
General practice with a specialty.....	134
Specialty only (including laboratory).....	142
Men not in practice.....	4
Men in "hospital work only" (administrative).....	1
Surgery, general.....	70
Genito-urinary.....	1
Gynecology.....	9
Orthopedic surgery.....	9
Anesthesia.....	1
Teaching.....	36
Internal medicine.....	21
Stomach and intestines.....	1
Lungs.....	4
Heart.....	1
Chest.....	1
Obstetrics.....	23
Laboratory work.....	17
Pathology and bacteriology.....	6
Ear, nose and throat.....	7
Eye.....	8
Ear.....	3
Nose and throat.....	1
Pediatrics.....	14
Public Health.....	13
Special Work.....	11
Insurance.....	8
Nervous and mental diseases.....	7
X-Ray.....	4
Skin diseases.....	2
Hospital management.....	2
Syphilis.....	1

At the present time when men in all branches of business are specializing it is interesting to note the difference in the comments of medical men upon this subject. Physicians have entered special fields, probably more than men of any other profession, because they have found that in knowing one line of medicine or

surgery thoroughly they have been able to accomplish more both for themselves and their patients than by trying to cover a field much too large to be mastered by one man. Many sides of the question are attacked in the comments that follow:

H. M. S. '08. '4 years in hospital. General practice in large city in Rhode Island. Income, 1913: \$2,500. Favors a combination of arts and sciences. Lack: therapeutics. Practice: satisfactory "to a certain extent."

"I should like to make the statement that a man should never go into the practice of medicine with the idea of making money. He will make the better physician who has plenty of money to start with and who does not depend upon his practice for his entire income, particularly if he contemplates going into a specialty."

H. M. S. '04. Out-patient work all the time. Special practice in ear, nose, and throat in Boston. Income, 1913: \$4,200. Favors arts.

Lack: "the opportunity to do the hospital work I desired to do. Hospital appointments should not only be required, they should also be supplied. My practice has been satisfactory, except that my services have to be measured in money.

"I spent four years in practice and then went abroad for a year. Since my return I have been in special practice.

"As to the question of location I will say that all large cities are alike, there being enough general practitioners and
State
supervision specialists in each community, in fact, more than
are necessary. A large number of these are poorly trained and are serving a large part of the community. Friendships, business methods, practicability, and personality are probably the real cause of this condition rather than faulty training in medical schools. The time is coming when physicians will be part of the State organization, chosen for fitness, endowed with a fitting salary, and given only a

certain part of the community to care for, and encouraged to do something for the progress of medicine.

"As it is today, the school leaves the beginner unfinished. His practical training is incomplete. He is advised to take a hospital appointment, but because the other students have a so-called 'pull' in the hospitals that are worth while, he may not get an appointment. Unless he has more than the usual ambition he will not succeed in learning more after he leaves school, for he will be forced to compete in some community with inferior men. That does not encourage him to keep up-to-date.

"Pre-medical education cannot be too broad. The tendency is to specialize too closely. The young physician acquires a sufficient amount of chemistry and general science in a general medical education for his purpose, and unless he desires to follow up the non-clinical side of medicine, his time is better spent in a broad, general pre-medical education in history, philosophy, art, literature, etc. Chemistry and sciences can be acquired later if more are needed. General culture is better obtained first so that the student may enter the study of medicine broad enough to realize its responsibilities apart from its money-value returns.

"The practice of medicine with all its shortcomings cannot help but be satisfactory to the one who enters it with a broad outlook on life. It is unsatisfactory to the man who discovers that it is easier to make more money sooner any other way than in medicine. For me the pleasure of doing in life the work that I prefer above all others is sufficient."

H. M. S. '02. 16 months in hospital. General practice in a city of 100,000 in Massachusetts. Some life-insurance work. Income, 1913: \$2,500. Favors sciences. Lack: "nothing but more effort on my own part." Practice: fairly satisfactory.

"My advice is, make a *decision* in the *first year of medical school* as to some special line of work."

H. M. S. '10. 2½ years in hospital. General practice, surgery, gynecology, and obstetrics in Providence, R. I. Income, for 5 months of 1913: \$576. Favors arts. Lack: "teaching in pharmacology and 4th-year anatomy in respect to surgical anatomy" (changes since '10).

Practice: satisfactory "except that in Providence most of the surgeons do medical work. The so-called gynecologists

Difficulties do medical work, and the medical men do obstetrics and minor surgery. Everybody is afraid he will miss something. Hence it is hard for a younger man to limit himself to the work he has trained himself for, without starving."

H. M. S. '08. 3 years in hospital. Income, 1913: \$3,200. Favors sciences. Obstetrics in city in Ohio. Practice: satisfactory.

"The greatest need of the community seems to be for men who will do general work along the line of internal medicine. The city is overcrowded with self-styled specialists."

H. M. S. '05. 1 year in hospital. General practice in Boston. Income, 1913: \$1,800. Favors arts. Lack: "rudiments of practical physiology" (many changes since '05). Practice: satisfactory.

"Beware of immature specialism. For years to come the *family physician* will be needed. Treatment of a pathological state must fall short unless it takes into account the patient as a whole and his surroundings and family. The 'family doctor' can be and should be the best friend to the family."

H. M. S. '09. 2 years hospital. General practice in a city of 100,000 in Massachusetts. Income, 1913: \$3,400. Favors arts. Lack: pharmacology and therapeutics. Practice: fairly satisfactory.

"I do not make enough money for the amount of work done. In my district fees are too small — \$1.00 for office calls and \$1.50 for house calls; \$15.00 for a confinement.

Small cities I find I cannot do surgery as a general practitioner in this place, partly because the people have not got the money. If I had it to do over again, I would specialize and open an office in the Back Bay and take a chance on waiting

for practice. Here I did not have to wait, but I find now that my maximum is nearly reached."

H. M. S. '09. 45 months in hospital. General practice in small town in Massachusetts. Income, 1913: \$1,000. Favors sciences. Lack: "training in psychiatry" (great changes since '09).

"Also more definite training in therapeutics, although this lack was made up in the hospital training. My practice is satisfactory, although the study of medicine has been so expensive to me, and it is so difficult for one without means to get started, that I doubt if I would attempt it again.

**Compulsion
vs. freedom**

"I am not in favor of holding before students the doctrine of specialism. The great majority of men in each class should not and cannot plan to become specialists, and each man should be made to learn as much as possible of each line as instruction is given in it in the medical school.

"There seems to be a certain number of men in each class who do not know what is best for themselves. There should be some way of holding such men strictly to account for their attendance at all practical exercises for their own good as well as for the good of the school."

H. M. S. '07. 1 year hospital. Nervous diseases in Boston. Income, 1913: \$500. Favors arts. Lack: "nothing but time to think." Practice: partly satisfactory.

"I have no way of reaching people whom I can cure. My relation to medicine is a somewhat peculiar one. I entered it primarily for the opportunity to do research work; secondarily, for medical practice. I think I have reaped as I have sown. That is, I have obtained that which I wanted. To the money-seeking man I am an absolute failure. I could have earned more had I played for it. But I do not want much money.

Lure of Truth

"On the other hand, the research work I set out to do has cost me \$2,000 a year for twenty years in training for it, and

I do not regret it. The best of opportunities have been opened and I have spent most of my time in this field. I do not regret any of the time or money in fitting for this work, for I can often bring to a problem many sidelights. Thus I find new truths. I shall be satisfied with the outlay of my life in medicine if finally I may be able to add new truths to the science, and show that new fields are open to a wider program of investigation."

H. M. S. '04. 1 year hospital. General practice in city in Washington. Income, 1913: \$8,400. Favors sciences. Lack: required hospital year. Practice: unsatisfactory.

"A few years in general practice is good, but later one should specialize. With contracts, lodges, etc., it is very difficult to make anything for a rainy day. Although I made \$8,400 last year I had to spend most of it on home and the outfit which enabled me to earn the \$8,400."

H. M. S. '06. No hospital. Laboratory and teaching in city in New York. Salary, 1913: \$2,500. Favors sciences. Lack: third-year electives.

"The laboratory branches, including physiology, are *in need of men* here. Practice here as elsewhere is overcrowded. I feel that our school should strive constantly to impress the need that exists throughout the country for trained workers and teachers in medical sciences. This need should be impressed particularly upon such men as can afford to enter an underpaid, but exceptionally useful field, the chief satisfaction in which is not counted in dollars and cents."

H. M. S. '07. 2 years hospital. Orthopedic surgery in Boston. Income, 1913: \$3,500. Favors arts. Lack: "did not take enough general medicine." Practice: satisfactory.

"A man who intends to take up a specialty should have a thorough ground work in general practice. For a surgical specialty a surgical and medical hospital course would be advisable, in fact should be compulsory."

Breadth

H. M. S. '04. 3 years hospital. Dermatology in Boston. Income, 1913: \$2,200. Favors sciences. Lack: "too little clinical work in all the course where it comes in." Practice: fairly satisfactory.

"I should not advise any man to specialize in dermatology. The specialty is too apt to be looked down upon and misunderstood by those who should know better."

H. M. S. '08. In special hospitals ever since graduation. 18 months in pathology. Psychiatry in Philadelphia. Income, 1913: \$4,000. Favors arts. Practice: satisfactory.

"There is a large field, with ample opportunity for research
A need and moderate pay, in psychiatric work."

H. M. S. '05. Ear, nose, and throat in a city of 100,000. Income, 1913: \$6,500. 2 years hospital. Favors sciences. Lack: "special course in a specialty." Practice: satisfactory.

"My field of specialty is overcrowded in this city, there
No need being nearly twenty too many for a place of this size. Some physicians are barely making a living."

H. M. S. '08. 4½ years hospital. Surgery in Boston. Income, 1913: \$2,500. Favors arts. Lack: specialization. Practice: satisfactory.

"Every man should take up one branch of the profession early and do nothing else. Be perfect in one branch and success is certain anywhere."

H. M. S. '04. 1 year hospital. General practice and some surgery in a town of 6,000 in Massachusetts. Income, 1913: \$4,800. Favors arts. Practice: satisfactory.

"In my opinion it is an advantage for a man to make up his mind while in school to follow some specialty, and get his training with that in mind."

LOCATION

The old adage, "Pick a place you like to live in and stick there" works well if the place needs you and you fit in it. On the other hand, such a rule tends to in-

fluence men to neglect the question of "need in the community," and it also influences the majority of men to start in large cities.

With the conviction that no longer can a real success be made in *general practice in Boston* as one reason, this Appointments Bureau was started to discover, if possible, and to point out to individuals the real needs of the community for young medical graduates. It also tries to help each man in deciding where he fits. Question 7 which asked the need of doctors in each community was answered as follows:

General practitioner needed ?	Answered "no "	221
" " "	" "yes "	43
Specialists needed ?	" "no "	185
" "	" "yes "	59
Surgeons needed ?	" "yes "	19
Eye, ear, nose, and throat men needed ?	" "yes "	21
Public Health Officers needed ?	" "yes "	72

A few of the comments on *city practice* are:

H. M. S. '05. 2 years hospital. General practice in city in Rhode Island. Income, 1913: \$2,100. Favors "a judicious mixture of arts and sciences for general practice." Lack: "practical treatment, prescription writing, and knowledge of drugs" (many changes since '05). Practice: satisfactory.

"The advice given to me on starting was to find a place I wanted to live in and to go there and stick, and success would eventually come. It took practically six
A long "stick" years to get on my feet, and only an unusually favorable opportunity was the cause of my leaving my first location."

H. M. S. '04. 2 years hospital. General practice in a town of 5,000 in Massachusetts. Income 1913: \$6,002. Favors arts and sciences.

Practice: satisfactory, "except for getting up nights and living on the end of a telephone wire." Lack: "a medical

student needs a lot of hospital work, actual practice. He should have surgical training, for those who have it take everything. They feel competent to treat cardiac or other serious medical diseases, but they do not want a medical man to touch diseases for surgery. Hence, if not grounded in surgery, one's income is cut down.

"One should locate where there is a good hospital, preferably a private one, or he will often wish that one were near by. Get a good hospital training and you can ^{Hospital a} ^{good neighbor} locate and do well in almost any community, but if you locate in a town of 25,000 or more your ultimate income will probably be greater than it would be in a small town. I think that students need more guidance than they get as to where to locate, so that they will not do it blindly and afterward be sorry that they did not settle elsewhere. The older men seem to be afraid to give advice on this point, and the young "doc" does not know just where to go. For instance, had I appreciated the advantage of having a good hospital in the community I should never have located in a town without one, nor in a town quite so small. I am close to my limit now, while some of my friends in larger places are going to pass way beyond my limit in business because they have a larger field to draw from, and, having had good training, are bound to be very successful in a very few years."

H. M. S. '08. 27 months hospital. Ophthalmology and Otology in New York City. Income, 1913: \$1,700. Favors both arts and sciences. Lack: "Absolutely no instruction in refraction, which is medical as well as optical work and should be taught in the medical schools" (now required).

"If one is well trained in special work one can make a fairly good income in a small city, but the hospital opportunities are not so great. If located in a large city, the ^{The gist of it} income is slow in proportion to the expenses, but the goal is greater and the opportunities are inexhaustible.

For instance, in New York City my rent alone is \$115 a month, and I give one-half of my time to clinical work. But the advantages are in associating with older men as an assistant, which lessens the expense of an office and supplies more or less material for practice. But, on the other hand, there is greater individual and professional progress in building up one's own practice and being the head of one's own office.

"It is a good plan to join and attend the meetings of all the medical societies possible in order to become acquainted with the men there and to be known by them. But the greater part of work does not come to the young practitioner from other medical men, so much as from friends and satisfied patients. If you intend to follow a specialty, take it up and drop all else, let other medical men know what line you have chosen, even if a few dollars in some other field have to be refused by so doing. In this way the confidence of other physicians as to honest relations intended by you is established. There are also, in the long run, bigger fees to be gained in sticking to a specialty.

"Infinite patience is required to build up a practice, to give and to demand honest work, and to keep going, by being willing and having the nerve to borrow, until your income exceeds your expenses. Not intending to boast for the school or for myself, wherever I have gone the men from Harvard Medical School are either on top or on the way to the top."

Pride vs.
modesty

Some of the men who have *located in Boston* have summed up their experiences:

H. M. S. '10. 1 year in hospital. Surgery in Boston. Income, 1913: \$3,600. Favors arts. Lack: "I think no special thing was lacking. I thought the training very good."

Practice: satisfactory, "except for the long time in getting started. Nearly three-quarters of my income has come

from assisting older men. I could not begin to support myself on my own practice. I don't see how a man can start in practice in a place like Boston, or in any large city, unless he has either money or older friends in the profession, although he could, of course, if he had a salaried position of some sort."

H. M. S. '08. 6 years in hospital. Orthopedic surgery in Boston. Income, 1913: \$500. Favors arts. Lack: anatomy. Practice: satisfactory.

"Too many men in my city in medicine who have independent incomes, so do charity work, which, properly, should be paid for and not done free in clinics."

H. M. S. '05. Massachusetts General Hospital (medical). Internal medicine in Boston. Income, 1913: \$1,148. Favors arts. Lack: chemistry. Practice: not entirely satisfactory.

"I am not yet self-supporting. I think that two factors have tended to keep down my practice; one, I do not need the money to live; two, I am not married. I think well-trained men who are willing to stick to general medical practice are needed here."

H. M. S. '07. 3 years in hospital. General practice in Boston. Income, 1913: \$2,500. Favors sciences. Lack: "not instructed sufficiently in treatment." Practice: satisfactory.

"Much of my success has been due to luck and influential friends. I think that most of my friends who have remained in Boston have had a harder time of it than I have had."

There seems to be a more general feeling of satisfaction among those men who have located in *rural districts*. The advantages and disadvantages are contained in some of these comments.

H. M. S. '03. General practice in a town of 1,000 in Massachusetts. Income, 1913: \$3,000. Favors arts.

Lack: "general culture. I specialized in college in courses in science. I wish I hadn't. My practice has been unsatisfactory because of its uncertainty; a day's work is never done; and its poor remuneration in money. My territory comprises four or five towns with a total population of some five or six thousand who are served by five or six doctors. I live in one town and maintain an office in another town, keeping daily office hours two miles away.

"Country practice is not monotonous, there is plenty of variety in it, and the advent of the automobile has taken some of the drudgery out of it. You will notice that my collections jumped from \$1,800 in 1910 to \$2,700 in 1911. There are two reasons for this. One was the death of a man who had practiced here for thirty years, and the other reason was the raising of my fee table one-third.

"I would advise no student to study medicine unless he felt he had a very deep love for the work. The fact that not a minute of time is actually your own, that you cannot make the simplest plan with any certainty of carrying out the same is a very disagreeable aspect of the profession.

"The advantages are these: usually there is a fair living to be gained in the country districts (though this is not so common as it once was), and the assured social position in
Conditions
changing and the respect of the community. The general practitioner today in the country is getting to be a sorter or sifter for the specialists. Specialists are becoming more common. Means of transportation are becoming more convenient, hence there is easier access to the specialists. Moreover people are not sick as they used to be as they have learned some of the fundamental rules of prophylaxis (ventilation, quarantine, diet, etc.), and thanks to many of the popular magazine articles are learning that nature is the great physician and that most diseases tend to cure themselves."

H. M. S. '09. 2 years in hospital. General practice in town in Vermont. Income, 1913: \$1,800.

Favors: "It seems to me that if a man has funds arts add to his attitude toward life in a way that science does not."

The country Lack: "I do not think that I can blame my school, college, or professional training for any deficiencies I may show. The assignment and collection of fees will always be unsatisfactory. The problem of work in the country is made difficult by the need of assigning some fee. After observing the work in out-patient departments, and the class of people who have access to them, it makes me feel that something ought to be done for our country people along the same lines, but the working out of such a scheme is going to take wise heads."

H. M. S. '02. 1 year in hospital. General practice in town in Massachusetts. Income, 1913: \$2,000. Favors arts.

A town "Practice satisfactory except that my field is too small to keep me busy."

H. M. S. '08. 2 years in hospital. General practice, including obstetrics, in a city of 15,000 in Massachusetts. Income, 1913: \$1,200. Favors arts.

"Practice has been satisfactory to me in every way, except the financial. This work, it seems to me, is underpaid considering the preliminary training and the labor. I picked out a small city forty miles from Boston partly for family reasons, but chiefly because the place appealed to me more than a large city. I believe there is more work for the young graduate in such a place, but there is less pay in proportion than in a large city. The expenses are not so great, so matters are equalized somewhat. There is decidedly more danger of getting into a rut and stagnating in such a city, but should this happen it is one's own fault."

Small cities H. M. S. '04. 2½ years hospital. General practice in a town of 7,000 in Massachusetts. Income, 1913: \$3,862. Favors arts. Lack: modern languages. Practice: satisfactory.

"The men of average ability, and many of the men of marked ability, will find a greater field of usefulness outside rather than inside the large cities. The pleasures of living and working in suburban or rural communities are greater than those of the cities."

H. M. S. '01. 2½ years hospital. Orthopedic surgery in St. Louis, Mo. Income, 1913: \$6,300. Favors arts. Practice: satisfactory.

"In all cities and large towns in the Middle West there is need of men with the training given at the Harvard Medical School and its associated hospitals. Much good **Middle West** is done the School by these representatives, and they are most welcome in any good medical community."

H. M. S. '01. 4 years hospital. General practice and insurance in Lynn. Income, 1913: \$7,000. Favors arts. Practice: satisfactory.

"I think any earnest doctor can find a place to make a good living, especially in the West. There is also plenty of opportunity for Public Health Officers and executives in institutions."

A few men have accurately described the places they have chosen for their field. The descriptions of conditions, whether favorable or otherwise, undoubtedly give the prospective physician a fair idea of *certain specified places*.

H. M. S. '06. 3 years hospital. General practice in Hartford, Conn. Income, 1913: \$4,000. Favors arts. Lack: "a more practical and specific course in therapeutics." Practice: very satisfactory.

"Hartford is a very desirable location. The feeling among the medical men is fine, collections are good, and the city has a large hospital and a growing population. I should say that the average Harvard Medical School man would do about \$700 to \$800 the first year, and increase \$300 or \$400 each year. The city is conservative and progress is slow, perhaps, but sure."

H. M. S. '10. Massachusetts General Hospital (medical), and Children's Hospital of Boston (medical). Internal medicine in St. Paul, Minn. Income, 1913: \$800. Favors sciences.

"With the exception of the financial side my practice has been very satisfactory. The situation in St. Paul is peculiar.

Three
medium-sized
cities

There is very little referred work — for instance, only three or four men confine themselves to surgery, two to children's diseases, and three to internal medicine. A large number of men do eye, ear, nose, and throat, and apparently do well. The men doing nerve work, with one or two exceptions, have large practices without enjoying much confidence among the other doctors. The average man here does everything from skin diseases to major surgery. The fact that all hospitals are open to any doctor to do surgery helps this condition.

"The only free hospital is the City and County Hospital with a large staff of men of very varied ability, so the prestige of staff positions as found in Boston is decidedly lacking. The clinical opportunities are not of the best, as the city services are short, being limited to three months, and the house and nursing staff small. There is practically no out-patient work done.

"The work at the University provides splendid equipment for experimental work, but the school is eight miles from the center of the town. All offices are down town, chiefly in a single building, and this, with the fact that there are two telephone companies, makes a considerable difference in the expense of maintaining an office. Usually the up-keep of such an office costs \$40 a month. The logical result, of course, is that practice is widely scattered over the city, necessitating great waste of time or an automobile early in the game.

"Practically speaking, there is nothing to the idea that St. Paul and Minneapolis are, or will be, essentially one city. Except that the doctors meet at the University, they have

little or nothing to do with each other. Fee splitting is common among men with extremely good practices, but it is not at all universal."

H. M. S. '05. About $2\frac{1}{2}$ years in the hospital. Internal medicine in Cleveland, Ohio. Salary, \$5,000. Favors both arts and sciences in equal degree. Lack: neurology and physical diagnosis. Practice: satisfactory.

"The drop in income from \$700 to \$300 noted between 1908 and 1909 was because I left Boston and took a resident appointment at the Lakeside Hospital in Cleveland. My salary of \$300 was the earning of 1909. Young men and good men are needed here, but there are many physicians, and it is not an El Dorado. It is, however, an excellent place for young men to settle."

H. M. S. '06. 3 years in hospital. General practice in Northampton, Mass. Income, \$2,300. Favors sciences. Practice: satisfactory.

"In Northampton there is an opportunity for a good surgeon; but one going there must stand on his own feet and not get mixed in the medico-political intrigues that exist in many of the smaller cities."

H. M. S. '04. 3 months hospital and $1\frac{1}{2}$ years abroad in Vienna and Berlin. Internal medicine in Chicago, Ill. Income, 1913: \$100. Favors: "some of both arts and sciences. For general practice I prefer general culture. I lacked definite bedside training such as is given at Johns Hopkins."

"My practice is satisfactory as I practice it. It is hardly fair to take my earnings as a criterion as I started by limiting myself to internal medicine, spending most of my time in dispensaries and hospitals and not trying for a remunerative practice. Of course I am not sure that I could have made a living in practice. I find dispensary work much more congenial than practice, and I have stuck to that. There is plenty of chance for a Harvard man to get the work that he wants here. I think that the man who graduates from the reputable local medical school stands much more chance of

rapid advancement. I also think that there is plenty of room in Chicago for good, or even fair, laboratory men and pathologists."

H. M. S. '07. 2 years in hospital. General practice and surgery in Wabash, Minn. Income, 1913: \$6,500. Favors arts. "I am pretty well satisfied with what Harvard did for me. My practice is satisfactory."

"This community is typical of many such communities in the Middle West and Far West. We have a forty-bed hospital and do surgery for a surrounding territory extending twenty-five to forty miles. We are only forty-four miles from Rochester, and yet are not interfered with at all by that wonderful clinic as far as cases going that way are concerned. Our surgery is almost entirely abdominal with such emergency as railroad work brings in. I do anything from an appendix to a Caesarean. The Middle West is dotted with small hospitals run by the sisters. This fact alone has made surgery possible in these small communities.

"My general practice covers long ranges of territory in a prosperous farming community with calls at the rate of a dollar a mile, which are made very easy by automobile. My best recommendation to the young practitioner is to pull away from the city and do some real work in the country. Over three-quarters of my work is confined to the hospital."

H. M. S. '08. 30 months in hospital. Pediatrics in Portland, Ore. Favors arts and sciences. Practice: satisfactory.

"Best city in the United States to live in. The medical field is overcrowded here as in other localities. It is a bad place for pediatrics, as babies never get sick in summer. There is no summer enteritis to amount to anything."

H. M. S. '10. No hospital training. General practice and laboratory work in Colorado Springs. Income, 1913: \$2,300. Favors sciences.

Lack: therapeutics. Diagnosis had too much emphasis. Practice: satisfactory.

“This being a health resort has too many men. This is largely due to the fact that men come here with tuberculosis, **Health resort** get better, and then practice here themselves.

My lack of hospital work was not from choice, but from necessity.”

H. M. S. '09. 16 months in hospital. General practice and surgery in a city of 400,000 in New York. Income, 1913: \$354. Favors sciences.

Lack: “How to charge and keep books. My practice has not been satisfactory financially.

“There is a good chance in this state for men who have had three years of practical public health work. The Civil Service offers a salary of \$4,000 for men experienced in public health work with the understanding that any one undertaking such a position shall not engage in the practice of medicine, but give all his time to public health service.

“There is a medical school in this city, and most of the men located here are its graduates so an outsider is not helped and has a hard time getting hospital work. As an example of the method of doing things, there is no good dispensary or out-patient department in this city.

“This is a good place for a gynecologist, or a nose and throat man. It is also good for an obstetrician after he has been here about ten years, provided he is a good mixer.

“There is a tendency here toward contract practice, in so far as large manufacturing concerns employ doctors to care for employees.”

The general tendency in the past has been to look to *the West* for opportunity and prosperity in all branches. Three Harvard Medical School men, who have settled in the West, warn the young physician who is about to start practice that the West is overcrowded. Their comments are suggestive:—

H. M. S. '05. 3 months in hospital. In school for Health Officers in California. Favors sciences, but *sociology is important for physicians*. Lack: practical training in therapeutics and surgery and hospital service.

"My practice has not been satisfactory because the supply of doctors is not adjusted at all to the demand. Patients pay badly. California is overstocked with doctors and full of osteopaths, Christian Scientists, and other 'quacks.' There are only 250 to 300 persons to each doctor in Southern California. I advise every eastern man to stay away. The State Board examinations are also very hard and are often unfairly given, eastern men being discriminated against."

H. M. S. '06. 1 year in hospital. General practice in Mosier, Ore. Income, 1913: \$1,397.50. Favors arts. Lack: Pharmacology. Practice: satisfactory.

"I settled in the western edge of the Cascade mountains in a pioneer country where there are no brilliant prospects for a career, but great necessity for my services among the mountains. There is 'vistu, vestitu, domque frui,' the grand scenery, the wild free life on horseback, health, vigor superabundant, and the feeling that I am really needed."

H. M. S. '05. 2 years in hospital. General practice in Portland, Ore. Income, 1913: \$9,460. Favors arts and sciences, as much as can be obtained from both. Lack: general therapeutics and the use of appliances outside of materia medica. Practice: satisfactory.

"Portland is, of course, filled with good, bad, and indifferent doctors, as are all western cities. There are a good many live towns in the State which need men with Harvard training."

The question of *location* is so vital to the young man about to go into practice that it is important to hear what men have to say about it from their own experiences and upon all sides. A few *general comments* follow:

H. M. S. '05. 3 years in hospital. Eye, ear, nose, and throat in a city of 12,000 in Maine. Income, 1913: \$6,700 (2 months vacation). Favors sciences. "The medical school gave me a satisfactory training. I have no criticism to make."

"My practice has been satisfactory, although I should take up some work, had I the opportunity to choose again, that would fit the worker for his career five or six years earlier."

Overcrowding
in the East

"The figures given above are not a fair indication of the conditions here. Of the six physicians who have started during the time I have been here, three general practitioners are getting but an inadequate return, and three specialists have left town. As two of them are doing well elsewhere, the location must have been at fault rather than the training."

H. M. S. '07. 2 months at Massachusetts General Hospital. General practice in a town of 13,000 in Massachusetts. Income, 1913: \$1,350. Favors arts. Lack: nothing. Practice: satisfactory.

"One man has all the Catholic work. Two other men and one woman have two-thirds of the rest. Four or five more men are making a living; two or three are not. One man was starved out about six months ago."

H. M. S. '07. 3 years in hospital. General practice in a town of 5,000 in Massachusetts. Income, 1913: \$5,025. Favors arts. Lack: "a more thorough training in practical anatomy, ear, nose, throat, and skin. Practice: fairly satisfactory, but there are too many doctors."

"Financial success is possible to only the few men of exceptional ability (except the 'quacks') who are slaves to their profession and who pay a personal price for it. The ideal medical life at the present time would be with an income sufficient to succeed independent of any money earned by practicing."

H. M. S. '10. 27 months in hospital. General practice in city in Rhode Island. Income, 1913: \$1,000. Favors arts. Lack: "methodical habits on my own part."

"I am dissatisfied with the small extent of my private practice. In this part of the country openings are scarce. If a

place has but few doctors it is because the place does not need doctors. So find the place you want to live. There will be competition, and you will be placed according to what you can deliver. Methodical habits and industry always make good. Marked ability will help them out."

H. M. S. '01. Hospital 2 years and 8 months. Internal medicine in Boston and some teaching. Income, 1913: \$2,666. Favors arts "which are a very valuable asset, and sciences which are essential." Lack: "I did not have sufficient acquaintance with my teachers. I made up for this in hospital work. Practice: very satisfactory."

"The choice of location is a great factor in the question of happiness in the profession. To locate in a large city means strong competition, delayed marriage, lack of recognition for honest, competent work. To locate in a small town means hard work, long hours, happy home life, and an affectionate hold upon patients which can never be known by the city practitioner."

H. M. S. '06. 27 months in hospital. Surgery in Springfield, Mass. Income, 1913: \$3,000. Favors sciences.

"It is very discouraging in getting the start in this profession. There is a chance here for a man who will do obstetrics exclusively. Other branches are well covered."

H. M. S. '09. 22 months in hospital. Obstetrics and gynecology in Fall River, Mass. Income, 1913: \$2,200. Favors sciences. Practice: satisfactory.

"There is a big demand for an internist who will do that and nothing else, there is also a big amount of obstetrical work for which the fees are small."

H. M. S. '08. 3½ years in hospital. General practice in a town of 8,000 in Oregon. Income, 1913: \$1,200.

"The more a man knows the better is he equipped. I think a reliable bureau of information for the man about to start in practice concerning the parts of the country where doctors are really needed may save a change in location, or may help him financially at the beginning.

“ Many places are overstocked with doctors. This is especially true of the West. There are other places too healthy to need many. Often a town will have a dangerous boom after which the doctors who have flocked there are abandoned. These facts lead to the conclusion that a bureau of information from which could be obtained valuable data as to partnership, private work, country, city, and town practice, civic health positions, etc., would be of enormous help to the young man about to start practice. This, I judge, is what is about to be done. All success to this much-needed work.”

THE QUESTION OF MONEY

Many physicians consider the practice of medicine unsatisfactory from the standpoint of money-making. The expense of training, i. e., the amount of time and the living expenses far overbalance the actual amount received from patients in the early years of practice. Some men rather cynically express themselves to the effect that the only satisfactory way of entering upon this career is to regard it as a philanthropy. The few men who appear to have entered it solely to gain the reward of gold regret their choice of the career. The general opinion is that the consciousness of satisfaction comes not from the earnings in money, but from the amount of good accomplished in the world for which the medical profession gives the opportunity. A table of the average earnings is shown on the next page:

AVERAGE EARNINGS

Year in Practice	CLASSES									
	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910
1st	\$866	\$787	\$541	\$362	\$625	\$502	\$350	\$533	\$425	\$1237
2d	827	1089	790	995	773	826	588	1250	874	1083
3d	1181	1539	1412	1295	995	1262	1353	1025	1370	1578
4th	1505	1694	1720	1566	1559	1765	1963	1575	1632	1835
5th	2027	1556	1966	1981	1818	2359	2347	1847	2150	..
6th	2341	1837	2333	2277	2347	2997	3202	2360	..	..
7th	2527	2161	2654	2967	3043	3650	3545	..	..	..
8th	3003	2491	3155	3042	3337	4332	..	..	..	..
9th	3560	2900	3616	3604	4500	..	..	..	..	..
10th	3524	2963	4135	4535	..	..	..	..	..	..
11th	3885	3691	4604	..	..	..	..	..	..	..
12th	4422	4130	..	..	..	..	..	..	..	..
13th	4680	..	..	..	..	..	..	..	..	..
Max. no. of men..	38	39	29	39	33	26	29	29	25	26

A few of the comments on this subject read as follows:

H. M. S. '06. 2 years hospital. General practice and surgery in Dorchester, Mass. Income, 1913: \$2,200. Favors arts.

Lack: training in public health work and in medico-legal work (both now offered). Practice: "very well as a vocation, but not yet satisfactory financially. The **Need of salaried assistantships** lack of small salaried jobs to enable one to live while getting a start is really the great difficulty. It is almost necessary to have capital or a wealthy wife to get a start anywhere within twenty-five miles of Boston. If there could be a system of paid dispensary or contract work similar to the Jewish Lodge system, or the small salaried assistant's work as in Great Britain, it would be a tremendous help to

the future graduates who have to earn their livings from the start. At present, and for some years past, the school has a comparatively great proportion of men who are entering medicine as an occupation, and not as a means of livelihood. This has made it very hard for those of us who have had to borrow to get through and get started.

"I am a firm believer in the ten years of preparation. There should be from three to four years spent in college, from four to five in medical school, and at least two years in hospital work. But I think it ought to be possible for a considerable number of each graduating class to be placed at living wages from the beginning.

"I have not a word of fault to find with the Medical School training. I feel better equipped than most of the men I have met from other schools, not excepting Baltimore for a minute. But I wish I had had some notion of the various Board of Health requirements, and a little bit of advice to keep me from being made a fool of by the gentlemen of the legal profession.

"The present customs in Boston make regular hospital work, which is the only way to keep up with the leaders in medicine, the amusement of the idle rich or the expensive luxury of the fairly busy practitioner. A system of district men and out-patient assistants at, say \$1,000 a year instead of \$200, would make better men and would also give pretty good service."

H. M. S. '07. 2½ years hospital. Obstetrics in Boston. Income, 1913: \$3,461.20. Favors arts. Lack: "No course in physiology, or rather, worse than none" (many changes since '07).

"Practice absolutely satisfactory, but, on second thoughts, there is one drawback, and that is having to charge people who really cannot afford to pay, but who insist upon it."

H. M. S. '05. 2 years hospital. Pediatrics in Boston. Income, 1913: \$7,000. Favors sciences, "some of both with predominance of sciences."

Lack: German, French, and Italian. "Wanted more chemistry and a working knowledge of Russian." Practice: satisfactory.

"Question No. 5 is rather hard to answer: it cost \$4,000 to take in \$7,000. This amount represents eight months' work, the other four months being taken out for sickness."

H. M. S. '02. About 4 years hospital. General practice and surgery in city in Connecticut. Income, 1913: \$2,700. Favors sciences.

Practice: "unsatisfactory because of the fact that the full amount of time and money wasted in acquiring a medical education does not bring a return great enough to compare with the same investment in any other line of activity."

H. M. S. '02. No hospital training. General practice in New York City. Income, 1913: \$3,590. Favors sciences. Lack: "practical training in handling patients as a source of income."

"My practice has been unsatisfactory for three reasons: low remuneration, too great a tendency to specialize, and too much charity work. I advise future physicians to, first, develop the business side of the profession; second, let each patient understand that medical work must be paid for; third, do as little charity work as possible; fourth, be more practical and less altruistic."

Bankrupt

H. M. S. '06. 18 months hospital. Lung diseases and insurance in city in Connecticut. Income, 1913: \$2,304. Favors arts. Lack: teaching in applied therapeutics. Practice: satisfactory.

"The services of a physician are on the whole poorly paid in comparison with other professions. Young men entering this profession in a city should have some independent income to help them over the first few years."

H. M. S. '05. No hospital. General practice in town in Massachusetts. Income, 1913: \$500. Favors sciences. Lack: business training. Practice: unsatisfactory.

"There is not enough real honest work for all of us to make a decent living. The dollar is still the measure of a man's success. With the majority it seems to be just a game of grab. It is a philanthropy for those who are independent."

Minus the
dollar

H. M. S. '02. 14 months as interne, 8 months out-patient department. General practice in Boston. Favors arts and sciences. 1913: not in practice. Lack: business training and personal advice. Practice: unsatisfactory.

"You have to have a pull to succeed in medicine, lacking that you have to have capital and be willing to lose or win."

H. M. S. '04. 6 months hospital. General practice in Lynn, Mass. Income, 1913: \$3,000. Favors arts. Lack: operative surgery and materia medica. Practice: satisfactory.

"Physicians should receive a salary from the government."

H. M. S. '07. 3 years hospital. General surgery in small city in Minnesota. Income, 1913: \$4,500. Favors arts and sciences. Lack: physiology and chemistry. Practice: "satisfactory in most respects."

"Most beginners are deficient in the art of practicing medicine. I venture to say that a large number of men practicing in the profession today, and indeed for many generations back, would or might have lent their voices to the very unsatisfactory relationship which frequently exists between the financial and professional aspects of their calling."

H. M. S. '05. 2 years at a general hospital. General practice in Brockton, Mass. Income, 1913: \$7,764. Favors arts. Lack: application to pre-medical preparation.

"My practice has been satisfactory except for the lack of
Busy time for study, either at home or away in post-graduate work. I also lack the money for study as I have a large family to support."

H. M. S. '06. 3½ years in hospital. General practice in Providence, R. I. Income, 1913: \$3,600. Favors sciences. Lack: "attention to psychology and psychotherapy." Practice: satisfactory.

"Almost any man with a Harvard training and a hospital internship will succeed, but if starting out in a large city he needs the help of a hospital appointment and friends, or else he needs to be so fixed financially that he can afford to wait from three to six years before making a really comfortable living."

H. M. S. '05. 2 years hospital. General practice in Vancouver, B. C. Income, 1913: \$6,000. Favors sciences. Lack: nothing. Practice: satisfactory.

"Nothing doing. Times are harder than hell and collections are rotten."

The following table shows the amount of paid work done from the year 1901-1910.

PERCENTAGE OF PAID WORK DONE

No. of men.	Paid in Full (1st Class Private Practice)										Paid in Part (Middle Class)										Unpaid Work (Charity)									
	Salary 100 % paid	90-100 %	80-89 %	70-79 %	60-69 %	50-59 %	40-49 %	30-39 %	20-29 %	10-19 %	90-100 %	80-89 %	70-79 %	60-69 %	50-59 %	40-49 %	30-39 %	20-29 %	10-19 %	0-9 %	80-100 %	70-79 %	60-69 %	50-59 %	45-49 %	35-39 %	20-29 %	10-19 %	0-9 %	
	18	79	53	49	38	35	4	6	8	4	2	6	3	5	6	4	12	24	51	61	3	2	1	—	8	18	38	60	106	

Satisfaction, financially, evidently depends upon how near a man's receipts approach his expectations. Some men making \$8,000 to \$10,000 a year are dissatisfied, while others making from \$100 to \$2,500 are satisfied.

Moral: He who would find happiness and real success in medicine must be free to follow his special bent. Let him beware of starting with high financial expectations.

MEDICAL ETHICS

A large number of men have expressed a regret that a more definite teaching of the ethics of the practice of medicine was not given during the school course. Some think that this lack might be supplied, at least in part, by an adviser or a Faculty Committee on Medical Ethics.

Specific mention is made of fee-splitting, lodge practice, the proper treatment of the competition of "quacks" of various kinds, the patent medicine evil, etc. Some of the comments are:

H. M. S. '02. 4 years hospital. General surgery in a city of 200,000 in California. Income, 1913: \$3,800. Favors arts.

Lack: "from 1898 to 1902 none but the socially favored had the advantage of direct contact with the teachers. I am now in Vienna studying that I may specialize in ophthalmic surgery. My practice is satisfactory from the good it enables me to do, but from the domination of medical and surgical faculties, societies, etc., and by unrepresentative cliques it has rather embittered me.

"In the West, the far West at least, medical competition, which includes price-cutting, and other cheapenings of our professional position, has made general practice almost impossible. California in particular is flooded with men who are barely existing. Fortunately, the various causes which eliminate the less well-fitted elsewhere are active here, but it is a great pity to see so large a waste of time, money, happiness, and life as seems to have resulted from the filling of our profession with so considerable a proportion of men who are not qualified for this work by education or instinct.

"If I had a son of whom I wished to make a really good physician I would see that his general culture, which must include a very careful social culture, was very liberal before he should enter medicine. Early in his career in medicine I would have him aim directly for some specialty, and from the exceeding value of my own four years of interneship, I would desire him to have not less than three years of hospital work, at least two years of which should be given to the special line chosen. Of course, this might make a one-sided man, but I guarantee that the product of such a direct aim would result in a mastery of the specialty and a genuine preparedness for service."

H. M. S. '03. 16 months hospital. Favors arts. Lack: "clinical therapeutics and the business of practice."

"My practice has not been satisfactory because of the difficulty of maintaining high ideals and rigid ethics, and at the same time making satisfactory material progress."

H. M. S. '04. 12 months internship. General practice in a town of 1,000 in Oregon. Income, 1913: \$2,100. Favors arts.

Lack: "individual responsibility. I had too much of ethics and not enough of business. Any man who obtains his M.D. from the Harvard Medical School has the ability to do good work, even better than the average. His details are excellent, but he is not a 'business getter' because he is overtaught with the words, 'profession and ethics.' As was once said to me when I applied for an internship in the Canal Zone, 'Young man, there are too many struggling poor men in the field already, and no man has a moral right to practice this profession if he must gain his daily bread by so doing.'

"Chloroform anesthesia is not taught at all in the school course. I had never seen it administered until I arrived in Spokane. My abdominal surgery has been remarkably successful, but like Artemus Ward's lecture, 'it was a great success but no money.' It is my hope that the Harvard Medical School shall teach men to be practical, and not to do a thing because it has been the custom for the past century. I wish it to forget its aristocracy, and I would like its graduates to be men among men. I am very glad of this opportunity to say these few words as I know them, and I would desire that no man be mercenary in following the profession, nor too material in his work."

H. M. S. '06. 18 months surgical service. General surgery in city in Ohio. Income, 1913: \$6,353. Favors "arts with at least an introduction to the sciences."

Lack: "advice of an eminent man as to the enormous importance of our course in pathology. My practice would

be satisfactory were it not for the disheartening feature mentioned below. Specialism is rampant here in Ohio. The general practitioners are limited to a small area about the umbilicus. There is a growing demand for family physicians who will do more than act as clinical clerks for internists. Fee-splitting is a growing ulcer. My advice is, teach your fourth-year students the ethics of this thing which is undreamed of by most of them. Let them make their choice while yet undergraduates, and encourage those who intend to go straight for they will need encouragement."

H. M. S. '01. No hospital. Superintendent of Public Schools, 1901-1905. Hospital superintendent and superintendent of Dairy Sanitation in New York City in 1906. Salary, \$1,500 plus found. Favors sciences. Lack: "medical school lacked about everything."

"My practice is unsatisfactory because of the ethics of my fellow doctors."

H. M. S. '03. 1 year hospital. General practice in Boston. Income, 1913: \$2,400. Favors sciences. Lack: preventive medicine. Practice: satisfactory.

Medical
abuse

"There should be adequate legislation to prevent medical abuse, etc."

H. M. S. '02. "3 years interne and still at it." Nervous and mental diseases in Boston. Income, 1913: \$3,531. Lack: "We had little training for my work at school." Practice: satisfactory in general.

"Free hospitals seem to be for the well-to-do as well as for the poor. All are admitted without challenge. Half of the population of a city takes its medical treatment at the hospital, and if one hospital should by any mischance find them out, there is always another hospital glad to increase its out-patient statistics for its catalogue. This has interfered with me only slightly, but it is a crying shame just the same. It has destroyed some good men."

H. M. S. '01. 2 years hospital. Ophthalmology and teaching in city in Indiana. Income, 1913: \$3,600. Favors arts. Lack: materia medica. Practice: partly satisfactory.

“The times I feel dissatisfied with my practice are the dull days and weeks when the keener competition of the business world appeals to me both by my more mature **Tempera-mental misfit** desire and by inheritance. The practice of medicine in this city is at a low ebb because of lack of coöperation, petty jealousies, and politics, with an unusually large percentage of medical graft.”

H. M. S. '01. 18 months hospital. General practice and surgery in U. S. Army. Income, 1913: \$4,000. Favors arts. Lack: nothing.

“My private practice has not been satisfactory financially, i. e., the temptation to disregard ethics in the struggle for existence, the necessity of grabbing and doing the work I do not like, etc. These things sent me out of private practice, and I would never voluntarily return to it.”

H. M. S. '02. 3 years hospital. General practice in a town of 2,000 in Massachusetts. Income, 1913: \$3,500. Favors “some of each.” Lack: “the critical side, ethics.”

“Harvard graduates do not support Harvard graduates as they should and as is done in other schools. When a patient of mine is going to a foreign place I always look up the physicians of that place, and I always recommend a Harvard man, provided, of course, that his standing and reputation are good. Often you see a doctor sending a patient to another doctor who has, perhaps, the largest practice, but possibly not the knowledge possessed by the Harvard man, simply because he thinks the doctor with the largest practice might call him in for consultation. This spirit of commercialism is degrading to the profession, and should find no place among Harvard men.”

H. M. S. '04. 2 years hospital. General practice in a city of 225,000 in New York. Income, 1913: \$2,600. Favors “arts, but preferably sciences.” Practice: satisfactory.

“In this special community in New York State the ethical standards are high, as a rule, but there are too many general

specialists. This condition is on the mend, however, but the fees are too low. The young doctor starting in does so with the blessed courage of ignorance which should not be enlightened too much."

H. M. S. '01. 2 years hospital. General practice in city in New Hampshire. Income, 1913: \$1,800. Favors both arts and sciences. Lack: nothing.

"Practice is unsatisfactory because in this particular community the professional ethics are extremely lax. Cut-throat work is constantly being done, and it seems to be **Overcrowding commercialism** a case of anything to get patients. Most of the men here are physicians, surgeons, and specialists who will do anything in order to get the fee, whether for the best interest of the patient or not. The greatest need in the medical profession is the higher type of professional conscience; the realization that no one man can be expert in every branch of medicine, and a willingness to turn patients over to a man whose experience and skill are greater on the particular case in point. I am sorry to believe that commercialism is far more a motive in many instances than the good of the profession or of the patient."

PREPARATION FOR A MEDICAL CAREER

HOSPITAL TRAINING

The hospital training received after graduating from medical school is regarded by many as the most valuable part of their entire training in medicine. Nearly every man who did not take a hospital internship either specifically mentions his deep regret or he emphasizes the need of those especial things which an internship furnishes, such as actual experience in handling patients, surgical technique, details of treatment, and sufficient clinical instruction. On the other hand, certain men point out the fact that their lack in the medical school along lines of general therapeutics was made up afterward in the hospital.

Some of the comments are quoted as follows:

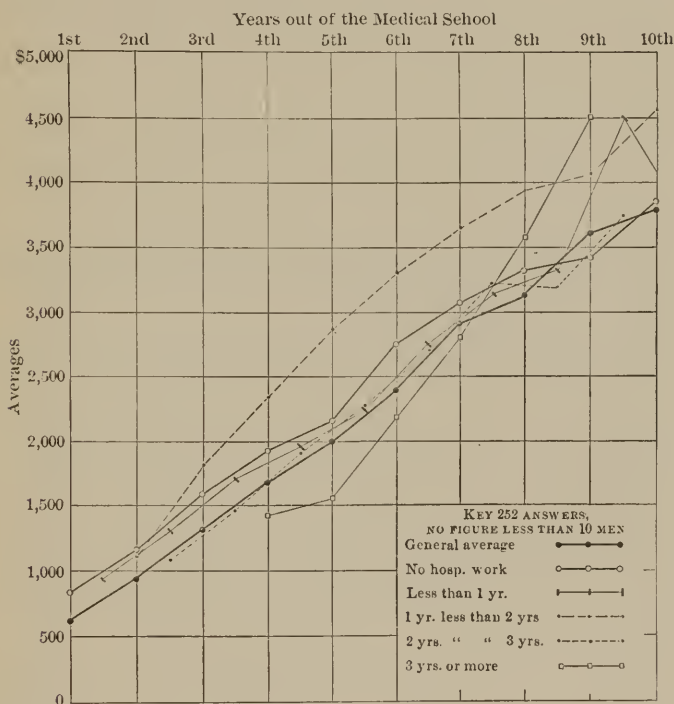
H. M. S. '09. 46 months hospital. Special work in New York City. Income, 1913: \$1,850. Favors arts. Lack: clinical experience in hospital. Practice: satisfactory.

“ Personally I advise every medical school graduate to take a hospital appointment. I took three different ones, and I do not consider that I have lost or wasted time by so doing. I advise an obstetrical appointment by all means for the general practitioner. A mixed medical and surgical is the best service. I myself am going into pathological work, but I do not regret all the clinical work I have done.”

H. M. S. '03. Surgical assistant for 8 years. Surgery in city in Washington. Income, 1913: \$10,000. Favors arts. “ No criticism to make of the Harvard Medical School.”

Broad
training

“ Under your heading of individual comment it would seem not out of place to present my personal experiences and shortcomings. First, I regret that I did not take advantage of some of the elective courses, especially those dealing with gross pathology. Second, my preliminary training, although collegiate, was not sufficiently



thorough. Under this heading I may add that I unfortunately took my first year at a small, poorly-equipped medical school, and although I cleared up at the end of the year the conditions with which I entered Harvard Medical School, I feel that I did not quite make up for what I lost in the first year. In the third place, I regret that I did not try for an

appointment at some one of the larger Boston or New York hospitals. My failure to do so was entirely financial, but had I had the courage it could have been managed. While I in a measure made up for this loss by acting as surgical assistant to a surgeon whose practice was extensive, yet the loss of complete hospital training and associations has been detrimental. On the other hand, I would regard a hospital appointment in one of the small cities of Massachusetts, Maine, or New England in general, as a waste of time and energy, since the visiting men in these hospitals are for the most part mediocre, and contact with the able surgeons is too occasional to give thorough training and stimulus to do first-class work."

H. M. S. '06. 19 months hospital. General practice in a town of 2,000 in Massachusetts. Income, 1913: \$7,200. Favors arts. Lack: "elective therapeutics and attention to skin diseases as well as medical ethics." Practice: satisfactory on the whole.

"For general practice I believe the hospital training has three times the value that the medical school gives. The hospital gives the practitioner an advantage which the mere school graduate seldom overcomes in competition. I think an internship on a medical service is more valuable than one on a surgical service, for I have noticed that most men pick up within three years some minor and a good deal of major surgery, and do it well, while but few general practitioners feel fully confident of themselves in diagnosis and treatment of internal diseases.

"Nose and throat specialists certainly are needed in small towns with a population of from 1,000 to 30,000. There is a superabundance of surgeons, orthopedists, gynecologists, and obstetricians within reach of my district.

"One thing very necessary to a practitioner who is just starting in the profession is a knowledge of the ethics and etiquette of practice and his relations with his professional colleagues. I repeatedly see young men make bad breaks

unintentionally, and, simply because of ignorance, stir up ill feeling with their fellows."

H. M. S. '08. 1 year hospital. General practice in city in Washington. Income, 1913: \$3,600. Favors arts and sciences. Lack: "practical demonstration in surgery and obstetrics, and personal advice as to future work." Practice: on the whole satisfactory.

"All medical students should be very strongly urged to take up two or three years of hospital work. I regret most of all that I did not take a complete surgical hospital training."

H. M. S. '04. 16 months internship. General practice in Providence, R. I. Income, 1913: \$4,475. Favors arts, the sciences slightly. Lack: "extended and more therapeutics." Practice: satisfactory.

"Hospital work after graduation is valuable. The first years in a city are disheartening, but conscientious workers arrive. Every kind of preliminary training is of value if it is thorough."

H. M. S. '08. 2 years hospital. General practice in Boston. Income, 1913: \$3,700. Favors "a combination of arts and sciences." Lack: nothing. Practice: satisfactory.

"A young man, well-trained, and one who has waiting capacity will succeed almost anywhere. Hospital training is the essential thing nowadays, and for a general practitioner, a lying-in hospital internship will prove very valuable."

H. M. S. '09. No hospital. General practice in city in Connecticut. Income, 1913: \$1,500. Favors arts. Practice: satisfactory.

"It was a mistake on my part not to have made a greater effort to obtain an internship in a hospital. I have been obliged to do a whole lot of reading to make up for my deficiency in that respect."

H. M. S. '10. 9 months hospital. General practice in a city of 100,000 in Massachusetts. Income, 1913: \$2,574.

Favors: "sciences, most certainly, combined with a certain amount of legal training. There should be enough of the latter to enable us to more thoroughly understand the

medico-legal cases. Lack: "a conception of business methods and the successful handling of the financial end of the profession. Practice: satisfactory in the professional end — the care of the sick.

"I was pitifully lame when I graduated, for the system of training did not prepare the man who must get out and become an earner without giving additional time to training in the hospital. The conditions a man must meet the first day his sign is hung out require training; a few of these are, forceps delivery, paracentesis, tonsilectomy, adenectomy, curettement of the uterus, the proper repair of a lacerated perineum. Often there is no help nor money to justify the calling-in of an assistant (consultant? — *Ed.*). Our opportunity to see other men do these things was unparalleled, but until our own hands have done these things we are hardly a safe risk to the patients' welfare. We are always being watched, and unfavorable comment does not help our chances of competing in the rather fierce struggle for success.

"My strong plea for the honest, conscientious man who must chisel his way out of solid rock is for this privilege to do the things, under the dictation of his instructor, which will entitle him to perform alone the common measures that permit a reasonable professional fee."

H. M. S. '08. 22 months hospital. General practice in a city of 17,000 in Massachusetts. Income, 1913: \$1,900. Favors sciences. Lack: "a suitable course in pharmacology and materia medica as well as in hydrotherapy, massage, etc." (now offered). Practice: satisfactory.

"Hospital training is absolutely necessary, but even that does not begin to show the side of medicine that the general practitioner sees. *Hospital cases are but the end results.* General practice in a small country community is not only lucrative in many cases, but it is full of good medical cases, and is certainly more like living than is city work."

H. M. S. '10. 21 months hospital. General practice in New York City. Favors arts. Practice: satisfactory.

"I am in favor of a *compulsory hospital year* after graduation from the present course at the medical school. It really clinches and applies facts previously learned under proper supervision. Those men who wish to fit for surgery should be required to do special work, and I believe there should be a special degree created for which they could qualify."

SCIENTIFIC MEDICINE

The dearth of comments and criticisms of the sciences and research work at the Medical School is, perhaps, the best sign of satisfaction with the present state of school affairs. The few comments gleaned are quoted below:

H. M. S. '02. No hospital experience. Pathology, especially parasitology, and cancer research at the Harvard Medical School. Salary, 1913: \$3,500. Favors sciences. Lack: early training in natural sciences.

"The only comment I have to make is that there are so many organizations among the students and the younger men that there is no support of scientific work from the general medical community. This fact is discouraging to those whose special bent is research, and its importance is denied by no one. My interests being in medical education and the advancement of medical science, I feel that our Medical School and community is criticized as lacking in the support and interest in scientific matters which are to be found elsewhere."

H. M. S. '10. 4 years hospital. Internal medicine in San Francisco. Income, 1913 (3 months): \$585. Favors the sciences plus foreign languages. Lack: "I never saw an apparatus for Roentgenology at the Harvard Medical School." Practice: satisfactory.

"The medical men were pathologists, not chemists, as are most of the first-class internists of Europe. Chemistry is the

important research field in medicine. One of my difficulties is the inability to get clinical material for independent research work."

H. M. S. '07. 28 months hospital. General practice in city in California. Income, 1913: \$5,750. Favors both arts and sciences. Lack: "not enough German and French." Practice: satisfactory.

"I think six or seven years enough time for the combined college and medical course: There is room here for a first-class pathologist and bacteriologist, and we also need a public health specialist."

H. M. S. '08. 16 months hospital. Internal medicine in Boston. Income, 1913: \$2,000. Favors arts. Lack: "there were too many lectures and too little practical work." Practice: absolutely satisfactory.

"The man who wants to practice the best type of internal medicine should make every effort to acquaint himself with physiology by actual experiment."

H. M. S. '01. No hospital experience. Teaching in Boston. Salary, 1913: \$2,000. Favors: "general culture demands some knowledge of physics, chemistry, and biology, and culture of this sort is indispensable for a student of medicine, but history, literature, and art should not be neglected."

"By doing independent work through the summer, by taking extra courses during the school year a persistent student may get what he needs. Scientific work is its own reward, and the University cordially approves of letting its servants receive their compensation chiefly in this way."

BUSINESS TRAINING AND MEDICAL ADVISER

The doctor commonly has the reputation of being surpassed in his lack of business methods only by the clergyman. The character of the advertisements in our mail would, by the way, seem to justify this reputation. Many men recognize this lack in themselves, and a few suggest a short business course, while others suggest a

councillor who would give sage advice to the young practitioner. This sentiment is voiced in the following comments:

H. M. S. '01. 2 years hospital. General practice in New Foundland. Income, 1913: \$1,500. Favors arts. Lack: "a course in business."

"From my own experience and the experience of men I have known, I believe that medical men are not taught pure business principles. They are taught to look up to their teachers, and upon graduation will often take an assistant's position without any business arrangement. I consider the relation of assistants to their "chiefs" has been all wrong in the past and has worked harm for both. The elements that make for success in the world must have their effect in medicine. The doctor is the biggest fool about money I know. This is the fault of his teachers who in their turn have been just as big fools as he."

H. M. S. '04. 1 year hospital. General practice in a town of 4,000 in Minnesota. Income, 1913: \$5,000. Favors both arts and sciences. Lack: "a business course in medicine." Practice: satisfactory.

"By a 'business course in medicine' is meant something bearing on the getting of a practice, and holding it, as well as a better conception of the value of services rendered, and the ways and means of collecting accounts. Whether working for money or not, the consciousness of fitness brings a desire to have work to do, nevertheless the adherence to the principles of ethics as preached by instructors in the School in 1901-1904 would leave a man practically nothing to do but wait: watchful waiting.

"Hospital work tends to an undervaluation of services rendered on the part of internes, and when they come into practice they frequently spend hours in examining urine, sputum, blood, etc., as a routine procedure for office patients, and forget to make a proper charge. This is also true of all minor surgical work and fractures.

Proper valuation of medical service

"The students should be taught: 1. The money value of their services; 2. How to get the money. In this regard young physicians lose a great deal by being unfamiliar with technicalities of the law as to liability for services rendered, etc.; and 3. The principles of getting a fair share of practice wherever they locate. The most learned and skilful physicians rarely have the largest practice, nor are the best instructors in the Medical School necessarily qualified to impart knowledge of what constitutes legitimate and illegitimate opposition in the practice of medicine and how best to meet such opposition.

"Above all there is the need of having some of the laity on our side. The people, as a general rule, are swayed and governed in the choice of a physician by rumors, gossip, news items, etc. This may not be a subject for medical instruction, but it should be a subject for consideration by the Alumni in order that every Harvard man may be better equipped to make a success in the practice of medicine."

H. M. S. '08. 1½ years hospital. General practice in a small town in Massachusetts. Income, 1913: \$900. Favors "general culture tending toward the proper view point, as well as sciences made as practical as possible." Lack: therapeutics and general treatment such as hydrotherapy and dietetics.

"In the Medical School we need a councillor who knows the opportunities and requirements for general practice and special work, one who will talk with and advise each student as to the line of work best suited to him and how he may prepare himself for that line by hospital work, etc."

"There are too many doctors and too low standards, and were I in the Medical School now I would prepare for some special line, such as sanitation, public health, laboratory work, etc."

H. M. S. '08. 4½ years hospital. Neurological surgery in New York City. Income, 1913: \$10,000. Favors arts.

Lack: "a more intimate association between teachers and students. This relation is ideal at Johns Hopkins." Practice: **More brains to generalize** satisfactory. "Any one willing to work will succeed here. In a city it is much wiser to specialize, and the longer the hospital training, the better the doctor. It requires less brains to specialize successfully than to become a successful general practitioner."

H. M. S. '04. 1 year hospital. General practice in a city of 130,000 in New Hampshire. Income, 1913: \$1,500. Favors both arts and sciences. Lack: instruction in surgery apart from the surgical work in the hospital training. Practice: satisfactory.

"More instruction in the handling of human nature and the business side of medicine could with profit have obtained at the Medical School."

H. M. S. '09. 1 year hospital. State institution in Massachusetts. Salary, 1913: \$1,500. Favors "the sciences and a good knowledge of English literature."

Lack: "someone to explain to undergraduates the different lines of work that are open to them. I never heard of institutional work while in the School. My practice **Institutional work** is satisfactory. I have never been in general practice and I do not care to be. I realized early in my medical course that I did not want to practice medicine, but I kept on because of my interest in the study. Later I stumbled into institutional work and have been very well satisfied. Why not give students some idea of the opportunities in work other than opening an office on Beacon Street?"

H. M. S. '07. 1 year hospital. General practice in East Orange, N. J. Favors both the arts and the sciences. Lack: "personal interest in my future career on the part of my instructors." Practice: satisfactory.

"There is always room for a good man, and the right man will succeed, although I should consider East Orange overcrowded, as there are forty or fifty doctors here, many of whom are not making a living."

“ Many of my former instructors were wrapped up in their own work and seemed to forget that the students had hopes for a future success in life. A few talks with men of sense about my prospects and hopes for the future would have meant much to me and a little kindly advice from an older man would have helped wonderfully. As it was, I had to go it alone, and blunder along through many mistakes to whatever success I have attained. A little of the milk of human kindness takes the bitter out of life and is worth while. I do not claim that this lack of interest was intentional or universal on the part of the faculty, for I have had many experiences to prove the contrary, but there was enough of it to make a weak man lose heart or a strong man grow hard. Should the faculty of the Harvard Medical School take a little more interest in a student he would repay them for their trouble by his reactions on the world at large.

Human
kindness

“ There is a crying need among the general public for a medical school that will command respect. As it now is the man who has worked hard in a reputable medical school will find himself in competition with all sorts of freaks when he enters general practice. Half-baked bell sheep in every community say that doctors do not agree, that one doctor says one thing, and the next doctor says another, and considering these facts the bell sheep does not believe in doctors and gives them all a black eye. The bell sheep's auditors, hearing all this, resort to doctoring themselves with patent medicine and the medical profession loses prestige, while the poor, deluded public suffers. I could write many things that would interest you, but my time is short.”

The confused
public

HARVARD MEDICAL SCHOOL TRAINING

SPECIFIC LACKS

Beside the commonly mentioned need of more therapeutics in the Medical School course, there are expressions of other specific lacks. Among them are: physiology, chemistry, surgery (major and minor), psychiatry, neurology, and "specific therapeutic measures." The following table gives the number of men mentioning these lacks. It is but just to say, however, that many changes have occurred since these men graduated from the school.

Clinical instruction	12
Pharmacology and therapeutics	58
Business course	11
More practical hospital work	6
Surgery (enough for general practice)	5
More preliminary education	5
"The art of the practice of medicine"	4
Personal adviser	4
Physical examination for tuberculosis	1
Lack of the appreciation of the value of reading	1
"Teach men to think"	1
"Almost everything"	1
"Not enough of the little things"	1
Skin diseases (diagnosis)	1
Bacteriology	1
Psychiatry	1
Neurology	1
Tropical diseases	1
Public health training	1
Clinics in work on skin, eye, ear, etc.	1
"Too little money"	2
"Too old in beginning"	1
Nothing lacking in the training	12

A few of the expressions of these lacks are quoted below:

H. M. S. '01. 2 years hospital. General practice and surgery, barring obstetrics, in a city of 240,000 in Rhode Island. Favors sciences. Lack: therapeutics and prescription writing. Practice: fairly satisfactory.

"An unsatisfactory aspect of this profession is the lack of opportunity to put (quickly) into practice what one has been learning for six years. The medical profession is overcrowded at the present day and competition is very keen. This is only one of several factors which should discourage a young man from seriously considering this means of earning his bread and butter. There is little attempt to limit the number of physicians in proportion to the population.

"So far as the medical school is concerned, the training received between the years 1898-1901 was principally along two lines — pathology and diagnosis. Therapeutics was hurried over and considered of little account, and what was taught consisted mainly of drug treatment. Prescription writing was also neglected. As a result, we graduated with a pretty good idea of how to diagnose a case, and what its pathology was. This much is fairly important to a sick patient, but that which interests him most of all is the form or measures of treatment used to cure him. In this, the really practical part of our future life's work, we were lamentably weak.

"Outside of drugs, concerning such things as hydrotherapy, electricity, vibration, bakings, etc., we knew nothing. To write a prescription correctly, that contained more than one drug, was beyond the majority of the class. This is pretty poor equipment for earning bread and butter, surely, and if men are not expected to earn a livelihood in practicing their profession they should be so informed before entering the school.

"To expect physicians to practice for charity and for the sake of high ideals should be tabooed. The public would then

expect to pay them, but not so long as the older men preach to the contrary.

“Men get along faster, at least at first, by specializing early. Good men often lack early opportunities for getting ahead because they have missed hospital opportunities, and the chance of putting into practice early in their career that which they are capable of delivering. There is too much and too long waiting.”

H. M. S. '02. 3 years hospital. “Specialist” in Boston. Income, 1913: \$5,500. Favors arts. Lack: “a knowledge of normal physiology.” Practice: satisfactory.

“I have felt the need since leaving school, and I feel it more and more each year, of a knowledge of the fundamental facts of physiology. I thought while in the school, and **Importance of Physiology** have thought ever since, and every fellow I have met from the later classes agrees with me, that none of us knows anything of the general fundamental facts in this important subject, and we have no good lecture courses on which we can fall back as we can do in other subjects, such as chemistry, medicine, surgery, histology, and the various specialties. The argument that we can get all these routine facts from books in physiology may be a good one, but whatever time I have had since graduation has been fully occupied trying to keep up-to-date in my own line without trying to wade through large volumes on physiology with no one to show me the important points. Surely none of us had time for this when we were taking the course, as the late Dr. Fitzwell showed when he had to tell us in his first lectures the normal pulse, respiration, and temperature of a man, because practically nobody knew these things in spite of having passed the prescribed course in physiology.”

H. M. S. '08. 2 years hospital. Internal medicine in Boston. Income, 1913: \$2,000. Favors sciences “with as much of the arts as can be worked in.” Lack: “teaching of chemistry and therapeutics.” Practice: satisfactory.

"I found on leaving the School that I was very deficient in a knowledge of chemistry which I needed to understand metabolism, etc. My knowledge of therapeutics was confined to knowing what a few drugs did to laboratory animals — of their effect on man under conditions of disease I was ignorant. The teaching in bacteriology was purely didactic except that we were taught to recognize certain bacteria after they were dead and stained. Of the subjects of immunity, the nature of bacterial growth and the results of such growth in the body we learned nothing save in one or two instances. Bacteriology was a dead science, not a live one.

"I believe that students are better taught in all these lines now. My criticism of them now, from the point of view of one trying to teach them the individual manifestations of disease, is that they cannot individualize, and they have had the power to think for themselves dwarfed by being "spoon fed" through two years of laboratory work before they come to any contact with human beings."

H. M. S. '09. 2 years hospital. Ear, nose and throat in Boston. Income, 1913: \$5,000. Favors sciences, "and arts too if possible. Lack: there was nothing to fit me for my specialty."

"The student should be taught otology enough to be able to make a fairly accurate diagnosis. This would mean that a man should have more clinical work in this line, that is, he should be taught enough about the ear to know when to call a specialist."

H. M. S. '03. 2 years hospital. Nervous and mental diseases in city in Connecticut. Income, 1913: \$1,800. Practice: satisfactory.

"In the Medical School much time was wasted in physiology, mainly in laboratory work. There was little attention paid to familiarizing students with the actual physical properties of the more commonly-used drugs and there was little practice in compounding and writing simple prescriptions. In the clinical work, although generally excel-

The trivial
complaints

lent, much might have been gained by the student if he had had more instruction in the diagnosis and treatment of such common complaints as headache, insomnia, etc., — the so-called trivial complaints. Lastly, the apparent increase in mental and nervous diseases should call for a more intimate and comprehensive instruction in these troubles than was to be obtained when I went to school. The ordinary physician sidesteps these unfortunate cases and frequently temporizes with them, or their relatives, sorely to the disadvantage of the patient. He cannot be really blamed, however, for his training has not led him to appreciate the tremendous importance of early diagnosis and care in the beginning psychosis."

H. M. S. '01. 1½ years hospital. General practice, obstetrics and gynecology in Brooklyn, N. Y. Income, 1913: \$10,000. Favors sciences. Lack: operative technique. Practice: satisfactory.

"I would suggest that particular attention be paid to internal diagnosis and surgical diagnosis in wards as well as to operative technique.

"Brooklyn offers a good field for location as it is rapidly growing."

H. M. S. '05. 16 months hospital, and 1 year in Europe. General practice in San Francisco, Cal. Income, 1913: \$2,500. Favors "a fair balance of the arts and sciences."

"My practice has been only fairly satisfactory because of the great disadvantage in private practice as compared to hospital practice, both to patient and physician.

Minor
troubles

I always thought the teaching in surgery in the Medical School should have been more to suit the needs of the general practitioner than it was. We were taught the technique of draining of the common duct, Finney's operation, etc., but we had very poor exercises in minor surgery, septic hands, fractures, etc."

H. M. S. '02. 18 months hospital. Mental diseases in Boston. Salary, 1913: \$5,000. Favors sciences. Practice: entirely satisfactory.

"I was unable to take a college course because of lack of money, therefore I lacked in all directions. There is a need for special instruction in psychiatry and neurology in all schools to all students. At the present time the general practitioner knows nothing of these subjects."

H. M. S. '05. 2½ years hospital. Constant out-patient service since. Surgery and obstetrics in Boston. Income, 1913: \$3,600. Favors arts.

Lack: "there was insufficient instruction in the details of how to make people comfortable, i. e., practical points which I have had to learn by actual experience. Practice satisfactory, except for the lack of opportunity to use to the full the wonderful training while I am young enough to give the best I have in me, and the constant necessity to consider the financial side of practice."

Details of
treatment

H. M. S. '04. 1 year hospital. General practice in a town of 3,000 in New Hampshire. Income, 1913: \$4,083. Favors the sciences. Practice: very satisfactory.

"In my case, the subjects in which I should have liked more training are, physical diagnosis, treatment of diseased conditions, and some instruction in medical literature, i. e., what to read and what not to read. I believe, so far as physical diagnosis goes, that had I been able to devote ten times as much time to that one thing my work, especially in the first five years, would have been easier."

What to
read?

"Regarding treatment, some practical instruction would have been mighty valuable. When I left the Medical School

Human
phase

I had had very little said to me regarding the personal, the intimate, and the human phase of medical practice, which I have since found to be a powerful factor in a man's success."

Proportion can be obtained in reading such individual criticisms only by bearing in mind that because of the differences in individuals it would be surprising

to find 317 graduates of any school agreeing on needed changes. I doubt not that even the Faculty differ at times. Much of the value of reading these opinions comes from the different viewpoints.

COMMENTS OF MEN WHO WERE SATISFIED WITH THE TRAINING

The few expressions of satisfaction here given faintly voice the feelings of the far greater number of men whose satisfaction with the training received at the School must be read between the lines of other comments. But sixty-five men commented on school work.

H. M. S. '09. 2 years hospital. General practice in town in Oklahoma. Income, 1913: \$2,030.32. Favors a combination of the arts and the sciences. Lack: absolutely nothing.

"I would go through the same curriculum tomorrow. My practice is absolutely satisfactory to me because I like the work; financially it is not satisfactory because I am not yet earning a living.

"What we need in this country is more Harvard Medical School men with hospital training. They should go to a hospital where medical and surgical training are combined. Down here the men who are coining money are the fee-specialists. I am sorry to say that it is a case of "open up and see" and then diagnosing. Ninety-nine per cent of the men here do not know the value of laboratory work, and cannot see its value, nor have they the slightest idea of physical examination.

"I have no fault to find with Harvard trained men, unless their morals are too high for this world, and, thank goodness, that's not true. Send them down, we need them, but teach them to bear starvation, as a very hard time is in store for them. We are in a wild country, people are continually moving in and out, hence there are no

Pioneering

family physicians. Yet if a man stays in an old community the old fogies hang on to their patients in spite of everything. It is a case of the devil and the deep sea, but give me the West to work out my salvation."

H. M. S. '10. 16 months hospital. Medical resident at a Massachusetts hospital. Salary: \$500 and expenses. Favors sciences. Lack: laboratory training. Practice: satisfactory.

"The only comment I have to make on my particular medical school work is that I could easily have done in three the work for which I took four years. The percentage of time wasted, due to the lack of proper organization of the teaching, was very great. I understand that steps are now being taken to prevent this."

H. M. S. '10. 2 years hospital. Surgery in Boston. Income, 1913: \$2,500. Favors arts. Practice: satisfactory.

"Appointments Bureau information was greatly needed in my class. Men from out of Boston suffer from lack of knowledge of school and hospital affairs."

H. M. S. '02. 2 years hospital. General practice in Dorchester, Mass. Favors sciences. Lack: practical therapy. Practice: satisfactory.

"I would not care to change my profession."

H. M. S. '06. 1 year out-patient service. General practice in a town of 12,000 in Massachusetts. Income, 1913: \$1,900. Favors arts.

Lack: "I think the preparation was pretty good. Practice: satisfactory. I think the medical man should be taught to think, perhaps not less in terms of the individual patient, but, at any rate, more in *terms of the community as a whole*."

THERAPEUTICS

The chief real criticism of the training at the Harvard Medical School by any large number of men relates to the question of treatment. This question immediately raises the further question, how far is the school responsible for thorough training in the details of medical

treatment in the common diseases, and how far must this training be left to the hospital internship? Still another question is suggested, should not dispensary work be required, or strongly favored, to give the needed training in the practical details of treatment? The editor feels that if these men had done from six months to a year of general dispensary work, or better, a three years' service such as the Boston Dispensary offers on a district, most of these criticisms would not have been made. Since these men graduated the Department of Pharmacology has a new head.

The statistics on this question are very interesting. Fifty-eight in all specifically mention their lack of training in therapeutics. This condition is set forth in the interesting comments that follow:

H. M. S. '01. 1 year hospital. General practice in Brooklyn, N. Y. Income, 1913: \$1,900. Favors arts. Lack: clinical instruction and work, as well as instruction in medical economics. Practice: satisfactory.

"Some clinical work and instruction were provided, but there should have been more. Since my day there has been considerable expansion along these lines. Advice from some one who had been 'through the mill' would have helped at the outset. More instruction in psycho-therapeutics would have been a great help to me.

"More facilities for hospital work after graduation are necessary, and a certain amount of hospital work should be a requirement for a degree. It goes without saying that the adequate knowledge of the fundamentals of physics, chemistry, and biology are essential for the medical practitioner, but I believe the possession of a broad general culture are essential for the best service."

H. M. S. '05. 2 years in Boston Hospitals, and 18 months abroad. General practice in Boston. Income, 1913: \$450. Favors arts. Lack:

"instruction in therapeutics as distinct from pharmacology and materia medica." Practice: satisfactory.

"The Harvard Medical School has never had a teacher of therapeutics. Pharmacology is brilliantly taught, but it is of little use to the student or practitioner. I believe conditions are the same now as they were in my day.

"Medicine is not making me rich, but I did not go into medicine for the purpose of making a living at it, and medicine has been all to me that I hoped for as an occupation."

H. M. S. '10. 2 years hospital. General practice in city in Michigan. Income, 1913: \$2,700. (This is not an entirely fair estimate, as I am associated with a prominent physician in town.) Favors: "there should be an individual choice between the arts and sciences." Lack: nothing. Practice: satisfactory.

"From observation of my associates here I believe that lack of hospital internship is a serious handicap. I believe that my training has fitted me very well for my general work. At present I would lay the greatest stress on the desirability of an internship.

"Skill in diagnosis is by far the most important factor in medicine as treatment comes only with experience, while diagnosis can be taught."

H. M. S. '02. Massachusetts General Hospital (surgical) 16 months. Surgery in a large hospital in a town in New York. Income, 1913: \$7,000. Favors arts. Practice: satisfactory.

"I indulged in practical hospital experience during my medical school course at the expense of lectures and clinics on subjects in which I have since been lamentably lacking."

H. M. S. '03. Nearly 3 years hospital. Surgery and obstetrics in Boston. Income, 1913: \$5,200. Favors sciences. Lack: materia medica and treatment in details. Practice: satisfactory.

"Harvard graduates are very weak on materia medica and especially so on therapeutics. As for treatment, graduates know very little about it and what they do know is very crude."

H. M. S. '04. 28 months hospital. Syphilis and surgery in Boston. Income, 1913: \$100. Favors sciences. Lack: study of treatment. Practice: satisfactory.

"The great lack in the School in my time seems to me to have been proper anatomical teaching and the fact that too much emphasis was laid on diagnosis and not enough on treatment."

H. M. S. '05. 1½ years hospital. General practice in a town of 25,000 in Massachusetts. Income, 1913: \$5,452.65. Favors arts. Practice: satisfactory.

"I consider the courses in physiology, materia medica, and therapeutics of very little value as a preparation for medical practice."

H. M. S. '05. 24 months hospital. Children's diseases and cardiac cases in Boston. Income, 1913: \$700. Favors both arts and sciences.

Lack: "the greatest lack, I found, in the Medical School course was in therapeutics, and many of my class made the same comment at the time we were taking the *A business course* course. There is one subject which, I believe, is treated as such in no medical school, and perhaps it would be impossible so to do, but I feel that many others, as well as I, went out from the school with but little knowledge of how to *handle patients*, how to *charge*, how to *send and collect accounts*; in fact, the general management of each case aside from the strictly medical one. This is a defect in the school teaching which I think might at least be improved.

"I cannot say that the practice of medicine has proved wholly satisfactory, as I am not yet earning a living income, although I have been in practice over four years. *The city* Still I started in a city where I did not expect to meet with instant or very great success, but I hope to build for the future, and so far I am not discouraged.

"I look upon the *District Physician's* training as very valuable no matter what manner of work a man may take

up later. I had three years of this work and learned many very valuable lessons during them.

"Some of the advantages of being located in a big city, which counteract the small beginnings one should expect, are the opportunities of being in touch with a medical school as I am, as well as the opportunities of being in touch with the many civic and charitable organizations where much valuable work may be accomplished."

H. M. S. '04. 2½ years hospital. General practice and special orthopedic work in a city of 150,000 in Massachusetts. Income, 1913: \$6,764. Favors sciences. Lack: therapeutic instruction. Practice: satisfactory.

"In my day at the school every student, I believe, thought Harvard instruction in therapeutics very meager. I am still of that opinion. Christian Science, osteopathy, Comparative
therapeutics etc., do some things, and just what they do should be made clear to the students. I remember a medical student in the class of 1902 who became a firm believer in Christian Science and even contemplated giving up medicine. Why can't the instruction in therapeutics be improved upon? I don't mean drug therapeutics alone, but measures such as men like Cabot (psychotherapy); Bucholz (mechano-therapy and hydrotherapy); Scudder (vibration heat, etc); Granger (physical therapeutics) stand for should be explained. (I never heard of the Zander room from an instructor or professor while I was in medical school.) I have longed to make the above statement, not only for the sake of the school, but for the sake of the public. It seems to me that the profession is going wild over vaccine-therapy, and is neglecting what useful drugs and other therapeutic measures we have. Perhaps this is my point of view only, as I happen to come in contact with many hospital men."

H. M. S. '05. 2 years hospital. General practice in Boston. Income, 1913: \$2,200. Favors arts.

Lack: "handling of patients and a sound knowledge of the use of common drugs and prescription writing." Practice: satisfactory, except "I have not enough to do."

"The chief fault I have to find with the teaching in the School in my time is that sufficient emphasis was not laid upon diagnosis and treatment of common diseases.

Therapeutic perspective Our perspective was bad, in that obscure and unusual conditions were as much in our minds as the more usual pathological conditions with the result that we lacked the ability to recognize and treat the common diseases when we saw them."

CONSTRUCTIVE COMMENTS

A few comments may here be classified as distinctly constructive, though many others possess this desirable quality in a less degree. Some very pertinent suggestions for bettering conditions along various lines are contained in the following remarks:

H. M. S. '04. $3\frac{1}{2}$ years hospital. Surgery in Boston. Income, 1913: \$15,000. Favors sciences. Lack: pre-medical education in sciences and a reading knowledge of French and German which I have had to acquire. Practice: satisfactory.

"I am in favor of a medical school with two sets of requirements, or rather, two medical schools aiming to produce different types of physician, one to produce teachers and men who will do more or less special work, and the other to produce good clinical practitioners. The former type would require an excellent and thorough foundation in the sciences, and should demand a reading knowledge of German and French. The latter type would use part or all of the time (preferably a part) in a less thorough and exacting pre-medical preparation, but in a thorough clinical preparation dealing with the practical side of medical education as applied to general practice.

**Separation of
generalist and
specialist**

"I say this because an overwhelming majority are general practitioners (not borne out by this survey — *Ed.*), and must remain as such, and as such have neither the time nor the inclination for original work or investigations into foreign literature, with the result that the pre-medical training in science and languages soon becomes lost, and its only value will have been in the way of mental development. The same time spent in clinical experience and training would result in a more permanent and practical return, and would provide a better man for general practice in the community.

"Finally, I am strongly of the opinion that men who intend to enter general practice should do so at an earlier age than they are now able to with only a single course provided for teachers, specialists, and general practitioners all together in a single group."

H. M. S. '04. 3½ years hospital. Surgery in a city of 60,000 in Massachusetts. Income, 1913: \$10,000. Lack: "I wanted less theory and more practical work." Practice: satisfactory.

"In the school less attention should be given to examinations and high marks and more to individual effort and adaptability and love for the work. More hospital work should be sought for, and for the specialty of surgery there should be provided a longer and more thorough practical training for those who show an aptitude for such work, thus would be eliminated a great number of half-trained and poorly-qualified surgeons.

"In 1904 the course in materia medica and therapeutics was decidedly inferior. I believe that the time spent in study and practical work after graduation from the school is of far greater importance than the time spent previously."

H. M. S. '02. 2 years hospital. General practice and surgery in city in Nebraska. Income, 1913: \$7,000. Favors both arts and sciences. Lack: "section work badly arranged." Practice: satisfactory.

"The trouble with medical students is that they depend too much on being fed predigested material, which really does

them little good, rather than go after things themselves, which does develop them."

H. M. S. '10. No hospital. Instructor and Research in H. M. S. Favors arts.

"I believe a large reduction in the number of lectures in the second and third years and a proportionate increase in case-teaching would enormously increase the efficiency of the course."

Case teaching

H. M. S. '04. 2 years hospital. Not in practice.

Favors sciences which should be coupled with continuous four-year courses in common sense and profound study of human nature, both before and during medical education. Lack: materia medica and therapeutics and business methods as particularly related to medicine. Practice: not satisfactory, "because the student, in my opinion, has to do too

much free work, as has also the hospital interne. It is my experience that such free work dulls the natural ability a man may possess to turn his capital, which is represented by his medical education, into a suitable investment. I do not believe that the gain in medical knowledge by a large amount of free work offsets the deleterious influence. In other words, the student is taught by free work to value his knowledge, his time, and his labor lightly. I write from the standpoint of one who has had to make a living from the profession of medicine. If one does not have to do this, it is a different matter."

Free work
dangerous?

H. M. S. '05. 17½ months hospital. 14 months abroad. General practice in Boston. Income, 1913: \$2,350. Favors sciences. Lack: ward work, obstetrical teaching at bedside (both these things are now given), and instruction in minor ills. Practice: satisfactory.

"The course at the Harvard Medical School is much better now than it was when I was there. I should advise every

student to take an appointment in a hospital that offers a mixed service, as a purely medical or surgical service gives too narrow a training to a man who is going to follow any line of medicine."

Mixed
appointment

H. M. S. '04. 2 years hospital. Surgery and some general practice in Providence, R. I. Income, 1913: \$7,650. Favors arts.

Lack: "sufficient instruction in the art of medicine, how to talk to the family, accounts and sending of bills, etc. Practice: partly satisfactory. The public is gullible and there is a failure on its part to demand proper training and qualifications. A fifth year to be taken in some approved hospital should be a requirement for the degree of M. D."

H. M. S. '01. One season with the Boston Floating Hospital. General practice in a city of 95,843 in Massachusetts. Income, 1913: \$2,005. Favors sciences. Lack: surgical training and prescription writing. Practice: satisfactory.

"There should be more lectures on professional ethics so no Harvard man should stoop to do 'lodge work.' The lodge pays about \$200 in a lump sum for all the work done annually.

"Harvard men should not be allowed to graduate without the ability to write proper prescriptions for palatable and good-appearing combinations of the commonly used drugs so they would not be at the mercy of the nostrum vendors as they have been for the past thirteen years. Also there should be more training offered in anesthetics."

H. M. S. '01. 2 months hospital. Teaching in Department of Hygiene in a women's college in Massachusetts. Favors sciences. Not in practice.

"I have always felt grateful for the broadness of the teaching and the general educational value of the course at the Harvard Medical School. I should like to state
Case teaching that the 'paper clinics' course of Dr. R. C. Cabot in the last half of the fourth year gave me more insight into practice and more interest in it than did any other single course. Had I planned my work with a view to practice, this course would have been of immense value to me."

H. M. S. '02. 6 months hospital. Surgery in Boston. Income, 1913: \$3,990. Favors arts. Lack: treatment of patients. Practice eminently satisfactory.

“ My advice to the School is, have a chair in the Conduct of
 Conduct of Private Practice so that the fellows can be taught
 private practice how to treat human beings.”

H. M. S. '07. 2 years hospital. Eye and ear in a city of 100,000 in Massachusetts. Income, 1913: \$2,900. Favors a combination of arts and sciences. Lack: “ not well grounded in therapeutics, and physiology was then too experimental.”

Practice: satisfactory. “ I think there should be some system of probation for a medical student who is beginning to
 Probation study as there is a probation period for nurses,
 period as a student could then give up the study of medicine gracefully should he find himself unfitted for the work. I know of men who are in medicine and who dislike it very much, but have to practice it or starve. I pity these men.”

H. M. S. '04. 2 years hospital. General practice in city in New Jersey. Income, 1913: \$4,600. Favors sciences. Lack: sufficient surgical training. Practice: satisfactory.

“ I spent the time between the ages of five and thirty in almost continuous education, winding up with two years in the Boston City Hospital. I then entered a medium-sized city practically penniless. I have been quite successful, having purchased my home during the last two years, as well as all necessary office equipment (including X-Ray) and an automobile.

“ It is a shame that after all my preparation I have never done a curettage, have never seen over half a dozen cases curetted, and am unable to act even as a competent surgical assistant. This was my fault in underestimating the amount of surgery I would get while in the hospital. I further believe that my hospital training did not adequately fit me for prescribing in private homes. I should like to see the Harvard Medical School have its students treat medical cases along the same lines as the experience we had in the Lying-in Hospital

if it could be done without interfering with the settled general practitioner. It is my belief that all hospital internes should have a mixed service instead of being assigned entirely to one line. My South Department service was very valuable as were my various services in the out-patient departments, particularly that in minor surgery.

“ I still believe that the half-year spent in physiology was 75 per cent wasted time for practical purposes. Harvard is held in very high esteem in this State, and I have never had any cause to regret that I am one of its graduates nor that I had such splendid opportunities in the Boston hospitals.”

PRE-MEDICAL EDUCATION

At the request of Dean Bradford, question No. 8 was put in, as to whether each man favored a predominance of the arts or the sciences in his pre-medical education. The medical faculty differ on this subject. - The following statistics show the feeling of these graduates as favoring:

Sciences	120
Arts	110
Both or equally	70

The remarks of two men who talk at length upon this subject are given below:

H. M. S. '01. Hospital interne work and six months in Vienna. G.-U. and general surgery in Syracuse, N. Y. Income, 1913: \$8,050.25. Practice: satisfactory.

“ Every field seems to be overcrowded in the cities, there is much more room in the rural districts.

“ In my opinion a mixture of sciences is good for a pre-medical preparation, although a general culture course is a decided advantage in after years for medical work. When one takes up a book for enjoyment this course then brings itself home with a foundation more valuable than long-forgotten scientific facts. I am convinced that a scientific course is of assistance during medical student days, although much of it is hurriedly prepared and soon lost after examinations. On the other hand, smatterings of a culture-course are felt through life. In other words, a college course to be practical must be devoid of the grinding for advancement that is so fatal to memory, and pleasure should be infused

into the work with as little manifestation of labor as possible. Then a student will carry something away with him other than 'mental development.'

"A motto for medical men who are just starting out is; Stick to it like fly paper and don't move about. There will be a living in medicine with plenty of room on the top to make money if one desires. Every field seems overcrowded in cities, but there is room in the rural districts."

H. M. S. '10. 2 years pathology, 2 years clinical work abroad. Ophthalmology in San Francisco, Cal. Favors sciences.

Lack: "a complete lack of systematic instruction in the high school and university in the elementary principles of nearly everything. I have no criticism to make of the medical training. My practice is satisfactory in regard to the pleasure derived from actually working with interesting problems and sick people; it is unsatisfactory in regard to the amount of time and money necessarily expended. The financial returns for a limited specialty in a large city will always be small.

"I do not consider necessary a preliminary training in the branches of physiology, histology, etc., as they are thoroughly gone over again in the Medical School and their relation to general medicine is especially emphasized. Furthermore, in the University these subjects are taught by non-medical men who do not teach their application to medicine, with the result that when the student reaches the Medical School he has to reorganize these subjects in his mind. I also found in my class at Harvard that the men who turned out to be good medical students, as well as good practitioners later on, were, in many cases, men who had not had biological training before entering Medical School. Moreover, a thorough pre-medical preparation in chemistry and physics is essential, and work is better spent along those lines than on physiology, histology, etc.

"When in the Medical School or hospital one finds that reading on general subjects is impossible, and, therefore, I

think it is more important to take the general culture branches while in college. They at least give a man a taste for literature and lines other than medicine which he can pursue later in life if he so desires.

“Post-graduate work abroad is useless, unless in hospital or clinical work for at least a year. For instance, a course as offered in Vienna in English does not really teach a man anything, but leaves him with a false impression that he has gained something. Understanding German, and speaking even a little, is of the greatest importance to one who intends to work in Europe a year after graduation. I strongly advise any boy entering college to take up German systematically from his freshman year on, and to pursue it up to the time of going abroad.”

SUMMARY

By the form of this report the reader is given the opportunity to draw his own conclusions from the better part of the three hundred and seventeen replies to the circular letter. These replies show great diversity of success and of opinion. Any classification must be imperfect, but a summary may be helpful.

Two hundred and twenty-five definitely state that the practice of medicine has proven satisfactory to them, sixteen that it has not. The life, especially in rural districts and small towns, is often very strenuous and seldom is it lucrative. This is usually compensated for by the devotion of patients to their doctor, much less felt in urban districts. Unreasonableness and ignorance of the patients are perhaps the most trying parts of practice and require a large measure of benevolent patience.

To be a good general practitioner takes more brains, judgment, and energy than to succeed in a specialty. Specialization requires more preparation and brings bigger and easier returns. It is not surprising, therefore, to find that but thirty-six men were doing general practice only, while one hundred and thirty-four were doing general practice with a specialty, which probably would lead them in a few years to limit their work to the specialty. One hundred and forty-two already were doing only special work. For this reason it can scarcely longer be said that the majority of the graduates of the

Harvard Medical School must go into general practice, nor that the chief aim of the Harvard Medical School must be to train the general practitioner. But rather must its aim be to train broadly men of versatile capacity to meet the changing requirements of the medical profession, whether these requirements are those of the general practice of medicine in a rural district or those of one of a group of specially trained experts in a larger community, or to teach, or to enter Public Health work, or to develop new fields of medical usefulness.

It would seem that a similar study on "How to prepare for a Specialty" might bring together valuable information for the young practitioner. It is suggested from these comments that the old idea of ten years of general practice before specializing is still valuable, but can be modernized by substituting one to three years of general dispensary and district work to give breadth of view and ready resource. Great proficiency in a special line can hardly be acquired when the line is taken up only at thirty-five or forty years of age. To choose wisely one's special line early is most desirable, if only for the opportunity this affords of making the preparation broad and thorough, but chiefly to save time.

The question of location is a vital one in the doctor's career. Most of the dissatisfaction with the practice of medicine is traceable, directly or indirectly, to overcrowding. There seems to be no method at present of intelligently distributing physicians according to the need. It has remained a question largely of individual fancy resulting in the crowding to large cities. Two hundred and twenty-one men state that general practitioners are not needed in their several communities,

forty-three say there is need of good ones. One hundred and eighty-five say no specialists are needed, while fifty-nine say a need is certainly felt. Seventy-two feel that Public Health officers are needed in their community.

The Appointments Bureau is attempting to solve this problem of distribution as regards Harvard Medical Alumni. A few other more or less organized efforts are being made, but usually the Dean and Secretary of the Medical Schools incidentally do what they can to help the young graduates.

Would it not be possible for such an organization as the American Medical Association to estimate the population and the number of physicians and thus show the need or the oversupply in each community? If a bureau of distribution were started, information more or less reliable would soon accumulate.

How much money may an average man expect to make after graduation from the Harvard Medical School? (It has been estimated that doctors in America make on an average seven hundred dollars a year. — "Workers of the Nation," Walter E. Weyl in *Saturday Evening Post*.) The following table answers this question and also compares the results of this study with that of the graduates of the Harvard Law School. (*Harvard Law Review*, Jan. 1914, p. 260.)

Satisfaction, however, evidently depends more on what a man expected than on what he makes.

TABLE OF AMOUNT OF MONEY EARNED

Years Out	Harvard Law School		Harvard Medical School (253 Men)	
	Dollars	No. of Men	Dollars	Increase Yearly
1st	\$664	694	\$623	\$
2d	1110	609	909	286
3d	1645	497	1301	392
4th	2150	411	1681	380
5th	2668	317	2005	324
6th	3118	249	2410	405
7th	3909	162	2935	525
8th	4426	112	3227	292
9th	5321	62	3636	409
10th	5325	40	3789	153
11th .....	..	..	4060	271
12th .....	..	..	4275	215
13th .....	..	..	4680	405

Several men speak feelingly on the question of proper instruction in "medical ethics," and on this subject the public also often wonder. Specific mention is made of various evils, such as fee-splitting, lodge practice, "quacks," and patent medicines. But the greatest danger of all to the individual and to the profession in general is commercialism.

What are medical ethics? This may best be answered by quoting two definitions from the Century Dictionary: "A profession is a vocation in which a
 Himself or the Others? professed knowledge of some department of science or learning is used by its practical application to affairs of others, in *serving their interests* or *welfare* in the practice of an art founded on it." Ethics is "the doctrine of man's duty in respect to himself and the rights

of others." So medical professional ethics may be considered the interpretation of these principles as applied to the practice of medicine.

It is evident that should a series of talks be given during the fourth year by members of the medical profession and others best fitted to give to the student a modern interpretation of the application of these principles, it would be very much appreciated and would aid the young practitioner in his relations with other medical men and the laity, and might also help to preserve the good name and standing of the medical profession.

Hospital training. The fundamental theoretical teaching of the Harvard Medical School, by both laboratory and clinical demonstration is logically supplemented by practical training in the hospital. The figures on hospital work are striking. Of three hundred and sixteen men two hundred and thirty-four took more than one year: sixty-five men took three or more years.

The value of practical training in the hospital after the fundamental training in the medical school is recognized by the positive statements of those men who took hospital services. It is even more strikingly shown by the regrets of those who, for one reason or another, did not have this hospital experience. It is coming to be a necessity, since already one state, Pennsylvania, stipulates a hospital year as a requisite for entering its examinations for admission to practice.

The experience of this Appointments Bureau shows that plenty of good hospital appointments are to be had to supply all the graduating class, and some of the smaller hospitals are offering an honorarium to secure good men.

Dispensary and District physicians' positions give a "general practice" experience ready-made. Thus a want expressed by many men for "more details," "experience in the little things," "practical therapeutics," etc., can be obtained best immediately after the hospital interne service by dispensary and district work.

A Wonderful Growth of Dispensaries in the United States

1800**1900****1914**

Three Million Patients Treated in 1914

The man planning to give himself a thorough and complete medical preparation might arrange to take, as a minimum, one and a half years in a mixed medical and surgical service, followed by six months to one year in a special line. This should be supplemented during the first years of practice by district service or dispensary work.

The above clipping from a recent publication is suggestive of the trend of modern medicine.

To some this may suggest "hospital abuse." To the writer the root of this evil, where it exists, lies in the *Free Service*, hospital or dispensary, not in its increasing use. The patient is educated to seek service for nothing, instead of paying the cost or whatever part of the cost the patient can manage to pay without extreme hardship. Such hospital or dispensary service is often the best obtainable service and should be open to all who cannot afford equally good private service. Today, in Boston at least, he who can pay a moderate amount is discriminated against. He is perhaps given the choice of private service at \$100 or hospital service for nothing. The doctor also loses, for he must give his service free.

To the man with ambition for a career in some scientific line the remark that "science is its own reward" indicates that financial returns are slow and seldom large.

A business course has many advocates. Whether this could better be a pre-medical requirement or be a supplement to the school work is a question. Eleven men specially mention their lack of preparation in how to manage practice in an orderly, systematic way. This might be accomplished it is suggested by "a chair in the Conduct of Private Practice." Perhaps a few talks might answer.

But sixty-five men comment on the school work, many of these favorably. It seems fair to assume that the other two hundred and fifty-two are also satisfied with the teaching and training given at the Harvard Medical School. The chief lack of those men who do express criticism is a deficiency in the teaching of therapeutics. Fifty-eight mention this, specially emphasizing

the lack of instruction in measures other than drugs, such as hydro-, electro-, mechano-, psycho-therapeutics. It is also pointed out that treatment of common diseases rather than rarities should be emphasized. Here the dispensary and the district again would seem the practical place to supply this want.

One interesting suggestion is that of giving a somewhat different emphasis in their training to men who plan to teach or specialize from that given to men who plan to practice general medicine. The latter should have more time spent on the *practical application to practice* of scientific medicine while the former must devote special study to *scientific details* which will include the latest knowledge and theories. Whether the accumulation of facts and theories has yet reached the point of demanding this separation is an open question. The advantage of reaching practice well trained at an earlier age is in favor of this suggestion.

One man suggests "a probation period" for first year men, such as prevails in schools for training nurses. This idea is already being carried out elsewhere, and seems worthy of careful consideration.

A probation
period

In a recent address Dr. W. W. Chipman, Professor of Obstetrics at McGill, said in part, "Following your example, (Freshman advisers at Harvard? — *Ed.*) at McGill it is arranged that students of the first year in medicine work under the eye of a special committee. This Personal Committee, as it is called, is chosen from their teachers, men of sympathy, tact, and insight. Its chief concern is the weak student, or 'waster'; to encourage and advise him, to get to know him 'on the human side.' At the end of the year if the man shows

little interest in, or no aptitude whatever for, the study of medicine, he and his parents are advised to reconsider his choice of a profession. And already results have shown that this step is wise. True it is, that this advice is given a little late, only after the career has been chosen and begun. In consequence it may not be the best of economics, still it is better late than never, and it permits the boy the test of actual experience in the work, and may save him from the hideous blunder of a mistaken choice.

“So it is that such a method demands from each student a certain measure of adaptation to his chosen work. To this extent it rids our medical schools of the ‘chronic,’ the unfit, and it so ensures to the teacher, our chosen teacher, a student-material in some degree worthy of his gift.”

PRE-MEDICAL PREPARATION

Question No. 8 shows opinion to be almost equally divided as to whether a predominance of the sciences or the arts is the better preparation for the practice of medicine. The general conclusion may be drawn that the practitioner needs the arts and the humanities, while the scientist and the teacher need to be well grounded in the fundamental sciences such as chemistry and biology.

It has already been suggested that a business course might well be had before entering the Medical School. From our experience in the Appointments Bureau we suggest that each man make a searching self-examination to determine his chief motive and his temperamental fitness for entering medicine. It would be

well carefully to consider these in council with one's teacher and adviser. In this council let it be remembered that these graduates in practice conclude that those who enter medicine to make money are seldom satisfied.

PLANNING A CAREER

The experience of nearly three years in the Appointments Bureau where men and different conditions of medical practice are studied and where the individual problem is of primary consideration, leads to the conclusion that matching the man and the job is not easy. We do not attempt to assume this responsibility but try rather to aid each man to study himself and decide to what he is suited, and then to make a "permanent plan" of his career. The temporary job for which he usually applies is then a stepping-stone in his career.

Out of the confusion a few rather hazy, undefined distinctions have emerged. Men may be classified as to temperamental fitness by their natural ability, imagination, or lack of it, tact, real education, i. e., ability to use that which they have heard or seen.

One man fits general practice from his human understanding, tact, self-confidence, and ready resource.

Another man is fascinated by *the problem*, he is lost in working out a theory. Truth alone satisfies him. Put him in science and research.

A third is immature, restive, changing constantly. Give him responsibility under wise supervision.

A fourth is a logical, orderly fellow, precise and conscientious. Institutional work, administrative or public health work will satisfy him.

A fifth is dextrous, precise, clear-eyed, and cool of head, with a love for the dangerous, risking, but with judgment. Surgery is his bent.

A sixth comes with excuses of one kind or another. He asks for a "soft snap." Every job offered has its outs. Could you but know, someone is supporting him. He is the "hobo" higher up. Alcohol may be his trouble. He is dangerous in medicine.

A seventh has a social instinct, a human touch, he is conscientious and well-informed. Books are not distasteful, he expresses himself well, his tendencies are altruistic. He is hard to classify for he is well-rounded. Let him try teaching.

In conclusion may we hazard a look into the future and take warning of some of the unmistakable signs? Departments of Health, Public Health Nursing, Dispensary and Hospital work, i. e., organized preventive and curative medicine, are growing by leaps and bounds, for they represent efficient, economical, systematic methods, they keep up with the times, and they give the advantages of the group at moderate cost; they have the social point of view to provide the needs of the community, they are flexible enough to meet changing needs.

What, then, are the opportunities for the medical man of the future? The following statement is one suggestion among the many. Irving Fisher, the economist, says in a personal communication:—

"The great preventable wastes in this world are, I believe, wastes which can be prevented only, or chiefly, by hygiene. Crime, vice, insanity, disease, death, and poverty could be wonderfully reduced by applying hygienic knowledge, even

the little already available. The economic cost from wrong habits and conditions of living is, I am convinced, on the basis of such fragments of evidence as are obtainable, so colossal that even workers in this field would be astonished if the whole picture could be revealed.

A great
opportunity

“The medical profession is, naturally, the body of men through whom this waste is to be checked. With the increased knowledge concerning hygiene and the rapidly increased interest in it, the medical profession has an opportunity greater than ever before. Their art is being securely based today on exact science.

“In order to rise to the occasion the profession must keep abreast of recent contributions to their subject, not only in surgery and therapeutics, but also and even more in preventive medicine and in the study of the physiology of common habits — the use of alcohol, tobacco, tea, coffee; the amount, ingredients, and proportion of a wholesome dietary; the outlines of a well-balanced daily régime with its due proportion of work, rest, sleep, and play. He must take an interest in public hygiene, industrial hygiene, school hygiene, dental hygiene, domestic hygiene, individual hygiene, and all other applications. He must learn to apply his art to the up-building of vitality instead of simply to the repairing of sick bodies. The doctor must supplant the unintelligent physical trainer. A demand for his services must be created by the widespread circulation of the principle of medical re-examinations in general, similar to the dental re-examinations in particular, which are becoming customary.

“Lastly, he must acquire a sense of his own individual responsibility to live a life beyond criticism in respect to hygiene, the use of drugs, including alcohol, and the adherence to a high ethical code in that important border-land between hygiene and morality. He must have the courage of his convictions, the willingness to practice

A great
responsibility

what he preaches, and the determination to lead in the fight against immorality, alcoholism, and other evils connected with his profession instead of condoning these and following current customs in order to increase his practice. In short, he must not prostitute his practice even by acquiescence in wrong customs, much less by subservience to the interests of the forces which it is his professional duty to fight."

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